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ABSTRACT

This document is an interim report of EPI's (Educational Projects Incorporated) Allied Health Project. The goal of the project is defined as assisting in the development of a comprehensive and viable system for the education and training of competent technicians in the allied health field. The approach used in this study is one of task definition, which addresses the development of curriculum from the standpoint of what an individual is expected to perform when employed in a specific occupation. The initial functional analysis used task inventories for the designated selected occupational areas as developed by the University of California at Los Angeles. Respondents were selected for this EPI study and surveys distributed. The major portion of this document is divided into three sections, each for a particular occupation, in which the study results are presented. The three occupations are nursing, respiratory care, and radiology. Tables with results from the survey, giving information on various tasks polled, are interspersed throughout the text. (JA)

ED 093890

EDUCATIONAL PROJECTS, INC.

Pittsburgh, Pennsylvania

Allied Health Professions Project

TASK PERFORMANCE FOR SELECTED ALLIED HEALTH OCCUPATIONS

Bruce B. Byers

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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April 1972

Frank E. Nowak (Principal Investigator)

Ancillary Project #14-1021

Sarah Mellon Scaife Foundation
and
Commonwealth of Pennsylvania
Department of Public Instruction
Bureau of Vocational, Technical and Continuing Education

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Educational Projects, Incorporated wishes to acknowledge the close cooperation and assistance obtained in the initial stage of our project from the Allied Health Professions Project of the University of California, Los Angeles, Division of Vocational Education, which was funded by the U. S. Department of Education under Research and Demonstration Grant 8-0627.

The task inventories reflected in this validation study were originally developed by the U.C.L.A. Project and were adapted for our use with the full knowledge and permission of the officials of the U.C.L.A. Project. It was mutually agreed that our efforts could be of benefit to the objective of improving the quality of preparation of competent technicians needed to assist in providing efficient health care services.

PURPOSE OF INTERIM REPORT

The following report is an interim progress report on the Allied Health Professions Project undertaken by Educational Projects, Inc. in January 1971, but fully operational only since June 1971, because of a delay in receiving all funds committed for the project. The specific purpose of this report is to:

1. Indicate the overall direction and methodology of the project.

2. Demonstrate the results which have been obtained to date.

3. Derive some observations and/or conclusions concerning the requirements for optimal performance in certain health occupational fields which were chosen primarily after consultation with professionals and administrators from the health care industry.

4. Demonstrate the applicability of the task analysis procedure to the development of course outlines and a model curriculum for a specific health occupational area. This vital aspect of our project effort will be further expanded upon in another report to be issued subsequently.

FOREWORD

Educational Projects, Incorporated (EPI) is a non-profit corporation established in Pennsylvania in 1965 in order to provide educational consultant services, both nationally and internationally. Since inception, the programmatic involvements of the corporation have had the backing of a consortium of eleven leading American universities which have provided both expertise and counsel in the implementation of the various EPI educational projects which have ranged from pre-school through the post-doctoral level, and funded by federal, state, and private foundation grants or contracts.

Late in 1967, the corporation became concerned with the need for developing a viable system for the education and training of technicians. As a result of this concern, a series of conferences supported by a modest grant from The Sarah Mellon Scaife Foundation were held with representatives from industry, state and local governments, labor, secondary and vocational school systems, junior and community colleges, private technical institutes, and four-year degree granting institutions within the Commonwealth of Pennsylvania. The purpose of these meetings was to verify that EPI's concern was justified and to devise a plan of action which, if implemented, would provide the mechanics and guidelines for satisfying the requirements for skilled technicians in the Commonwealth. The results of these meetings focused on the need for a well-conceived and comprehensive program based upon a functional analysis of industries on a state-wide basis, with emphasis being placed on the specific tasks requisite for performance in specific functional areas of any given industry.

Furthermore, the consensus of these conferences emphasized the need for:

1. Institutions responsible for education and training of technicians to consider the skills requisite for technicians to provide quality services in industry, business, and government in their community, and equally important the needs of the people in the community.

2. A segment of the educational system to assume the major portion of the overall responsibility for such technical training and the assurance that it would be relevant to the needs of the region.

3. A coordinated program between the secondary schools, technical institutes, junior and community colleges, and baccalaureate institutions needed to be developed for the education of technicians.

4. The baccalaureate institutions to devise programs for preparation of potential faculty members in cooperation with the institutions responsible for the education of technicians.

Moreover, the functional analysis approach as proposed by EPI was endorsed as an avenue which may lead to a definitive method by which the needs of the various employers might be translated into curricula and specific courses of study.

Because of EPI's non-vested position in the resolution of the problems articulated at these conferences, the representatives urged EPI to solicit funding from the private sector and the Commonwealth to commence functional analysis. EPI secured a commitment in October 1970 of funds over a three-year period from both The Sarah Mellon Scaife Foundation and the Bureau of Vocational, Technical and Continuing Education, Department of Public Instruction, of the Commonwealth of Pennsylvania.

BACKGROUND

In the past few years, much attention has been focused on the need for relevancy in education, yet despite all of the well-meaning rhetoric and sincere concern, the educational process remains for the most part essentially unchanged. However, significant change has taken place in the Commonwealth in terms of the increase in number and scope of the area vocational schools and the establishment of the community college system. Inherently, these institutions may be able to provide the mechanism whereby education could become more attuned to the needs of larger segments of the population. But, there is a consensus that in order to be truly effective, it would be desirable to marshal efforts of all levels of the academic community from the secondary school system through the baccalaureate programs, in conjunction with state officials, the industries being served, the professional associations and guilds, etc., in order that the search for relevant curricula might be the recipient of the synergistic effect of all parties involved coordinating and working together.

Conceptually, better results could be achieved in the educational experience and in performance on the job, as well as substantial economies realized, if a comprehensive and viable program could be developed which has addressed from the outset the problematic matters of irreversibility, transferability, marketability, career mobility, and certification. Moreover, if harmonious efforts could be directed toward solutions to these issues, duplication of effort could be minimized and both resources and talent would then be more appropriately channeled to provide proficient preparation for specific employment opportunities.

EPI is fully cognizant of the far-reaching aspects and the magnitude of this endeavor; however, because of our conviction of the need, EPI has consented to serve as the non-vested vehicle which conceivably can facilitate a free exchange and evaluation of divergent philosophies for improvement in the instructional process without sacrificing standards of competency.

The desired goal of this initial project is to bring together the various parties concerned and involved in the education and training of the skilled manpower needed by the industry being served to address the problem of relevancy in one segment of the Commonwealth's employment picture. If this challenging objective can be accomplished in one area, then not only will the results be significant for that area, but the methodology employed would in all probability indicate the direction toward which efforts for relevancy might well be focused. It is in this broad context that the EPI Allied Health Professions Project has been undertaken.

GOAL

The ultimate goal of the EPI Allied Health Professions Project is to provide avenues for development of a comprehensive and viable system for the education and training of competent technicians in the allied health field. Desirably, this overall design will be a logical approach toward providing meaningful programs for the development of requisite skills (both manipulative and academic) to accommodate the critically needed skilled manpower in these professions, while simultaneously establishing within the health care institutions the infrastructure requisite to facilitate a more efficient and economical system for health delivery services.

If the proposed EPI approach has validity, it could lead to the attainment of the above-stated goal for the EPI Allied Health Professions Project by:

1. Identification of the elements to be included in the curriculum for each of the selected health occupations.

2. Bringing together representatives from the health field, secondary schools, junior and community colleges, and four-year degree granting institutions, as well as the various accrediting bodies, for the purpose of discussing the implications of the task analysis as it relates to the development of curricula.

3. Assisting, if solicited, in the development of innovative instructional programs for pre-service and in-service training for each occupation, with maximum possibility for vertical and horizontal articulation.

APPROACH

Traditionally, the development of curriculum for a particular field has been by and large an evolutionary process in which the academician has attempted to articulate his perception based mainly on his experience and/or exposure to the needs of an occupation into a course of study. This course of study has then been modified by other academicians and consequently subject to their perceptions of the needs. Therefore, in this process, there has been a minimal attempt to systematically measure the requirements of an occupation and to adapt the results as soon as feasible to a course of study and curriculum.

The task definition approach used in this study is an attempt to address the development of curriculum from the standpoint of what an individual is expected to perform when employed in any specific occupation. If it is possible to identify all tasks which will be performed on the job and to relate these tasks in behavioral terms to the manipulative and academic skills which should be attained for quality performance, then a sound basis for the development of curriculum, individual courses of study, and core course content can be devised.

The direct results of this articulation of need to curriculum are:

1. To determine what tasks are performed, with what frequency, and with what supervision, by each category of persons within each functional area.

2. To define areas of overlapping tasks within a functional area and to attempt to reduce or accommodate areas of overlap.

3. To assist in the articulation of these tasks to the curriculum for the specific occupational area.

4. To determine a hierarchy of tasks in terms of level of difficulty, criticality, and kinds of knowledge and skills required, so that tasks may be assigned to appropriate personnel.

PROCEDURE

The general procedure used in the functional analysis approach is sequentially:

1. Choice of the functional areas to be covered.

2. Development of an inventory of tasks within the functional

area designated.

3. Selection of survey administrators from within the industry under study to coordinate with EPI.

4. Choice of the respondents to survey in the occupational categories under consideration in order to verify the appropriateness and completeness of the inventory of tasks.

5. Distribution of survey instruments to respondents selected.

6. Analysis of the results of the survey.

7. Articulation of task performance data to curriculum and course content.

Additional beneficial results that may have application after completion of the functional analysis could be an indication of the academic level where the various phases of the curriculum might more effectively be presented to the student.

Moreover, each educational or training program developed could then have its own integrity, but it could also be tailored to allow capable and motivated individuals to proceed through the system without numerous penalties accruing to them or protracted effort sometimes extending to virtually a lifetime. The comprehensive system could be geared to accommodate the career mobility aspect.

INITIAL INDUSTRY SELECTED FOR FUNCTIONAL ANALYSIS

The academic community, and particularly the junior and community colleges, have been deeply concerned about the critical need for educational programs to satisfy the rapidly growing manpower needs in the health care field. Because of this pressing need, EPI was encouraged to begin the functional analysis effort in the allied health professions.

As can be evidenced from the attached Exhibit I which lists the current course offerings in the community colleges in the allied health professions, there is sufficient demand for development of meaningful curricula in this area. It is also evident from the number of proposed curricula planned, as well as the growth in projected enrollment over the January 1971 enrollment, that the demand will probably continue to increase.

In the initial survey of the allied health field (the results of which are presented

in this report), the following occupational areas were chosen:

1. Nursing
2. Radiology
3. Respiratory Care
4. Medical Laboratories
5. Ward Management
6. Medical Records
7. Business Office
8. Food Service

Upon advice from experience gained through the UCLA effort, and then concurred by professionals from the health care industry, the above-mentioned occupational areas were selected for purposes of our initial validation study of tasks. After request for analysis, EPI plans to expand the task analysis effort to other occupations and emerging occupations within the health field, as the critical need is manifested.

It can be noted that five of the occupational areas listed above can be directly related to community college curriculum offerings in the allied health area, and that two (Business Office and Food Service) are offered in more general terms throughout the system. Only Ward Management does not have a special curriculum offered in the community colleges. Furthermore, included in the group are those areas such as Nursing and Medical Laboratories, which have more traditional curricula than other areas such as Respiratory Care and Radiology which are relatively new disciplines to the community colleges, and therefore present a different problem when attempting to determine appropriate curriculum.

Inventory of Tasks:

As previously mentioned, in the interest of saving time and resources, it was determined advisable to utilize the task inventories for the selected occupational areas as developed by the UCLA group to serve as a bench mark from which to determine specific health delivery functions and trends as they pertain currently to the Commonwealth of Pennsylvania.

The UCLA project, though national in scope, had not had respondents from the Middle Atlantic region included in its survey. In this respect, the EPI project serves to validate the results of the UCLA findings for this region. In addition, the plan of the EPI Allied Health Professions Project to develop a comprehensive system for the education and training of technicians in the allied health field

has been viewed as an extension of the UCLA project scope. Therefore, it was felt that our joint efforts may be complementary and enhance prospects for success in the realization of our mutual objective.

Choice of the Respondents:

The proper selection of the respondents in the validation survey presented a two-fold problem: it was necessary to determine not only the individuals who should complete the survey instruments; but also the health care facilities which should be included in order to provide a typical representation of the spectrum of health delivery services performed in the selected occupational areas.

The cooperating hospitals chosen have been presented in Exhibit II. As can be noted, the institutions represent not only the various types of health care facilities, but they are also representative of both urban and rural settings. The initial survey has been consciously limited to the Allegheny-Westmoreland County area in order to facilitate the communications and ease of handling, since procedural difficulties were anticipated in the initial attempt. In addition, the desire to obtain some results quickly made it necessary to conduct the original sample in this general locality. Surveys to be conducted in the future will be approached on a state-wide basis.

Distribution of Instruments:

Once the health care facilities for the validation survey had been chosen, it was then necessary to obtain their cooperation and permission for the administration of the survey at their respective institutions, and also to provide a resident survey administrator to monitor the distribution and completion of the survey questionnaires. Upon request by EPI for staffing patterns and job descriptions for each facility involved in the survey, the survey administrator was also given the responsibility of assisting EPI in the selection of the individual respondents to be included in the survey. The objective of this distribution of the survey instruments in this manner was in order to obtain a true cross section of the functions performed in each occupational area selected for each health care facility. The results of the survey distribution are presented in Exhibit II. The cooperative spirit and effectiveness of the survey administrators, as well as the respondents, are evident in the fact that of a total of 333 instruments distributed in all areas, 326 were completed and returned to EPI.

Analysis of the Survey Results:

The data produced from the initial validation survey were computer-processed, using programs obtained from the UCLA project. The analysis of the data was then undertaken by members of the EPI staff. In addition to the EPI staff involvement, a panel of experts (Occupational Advisory Committee) was assembled from within the Commonwealth for the purpose of further review and analysis. Representation on the panel of experts was available for each occupational area to assist EPI in the evaluation of the validation survey findings. The conclusions

and remarks of the expert panel will be presented later in this report in the respective sections reflecting the occupational area task inventory results.

It is planned that another report on the progress of the work outlined below will be presented subsequently for the purpose of:

1. Articulation of Task Performance Data to Curriculum and Course Content

   The task inventory results of this initial validation survey will be utilized in the report to be submitted subsequently to demonstrate the applicability of the task analysis approach to curriculum development. The panel of experts assisting in the data analysis will also be involved in translating the results of the survey to some sample course outlines for each of the occupational areas under analysis. At this phase of the project, it is our intent merely to demonstrate the applicability of the process to curriculum and course development. Further sampling throughout the Commonwealth will be necessary before a more definitive development of course outlines and curriculum can be accomplished.

   In addition, it will be desirable to add additional members to the panel of experts for the final articulation phase. The demonstration of articulation will include a sample curriculum for one occupational area initially: RESPIRATORY CARE.

2. Determination of the Academic Level Where the Various Phases of the Curriculum Might be Presented and Commencement of Development of Career Ladders/Lattices

   This phase of the study requires that a cooperative effort be undertaken by all of the academic levels, the health care institutions, and the accrediting bodies. The coordination required to accomplish this cooperative effort deems this to be a long-term objective of the project which will be addressed during the final eighteen months of this phase of the project. We are optimistic and encouraged from our experience with the aforementioned groups in the initial stage of the project, and if such harmonious efforts can be sustained, the long-term objective of the project of development of career ladders/lattices has good prospects for fruition.

ALLIED HEALTH PROFESSIONS CURRICULUM (1) OFFERED IN COMMONWEALTH

Exhibit I

Curriculum	Community Colleges Offering Existing	Proposed	Enrollment Full Time	Part Time	Projected Enrollment	Graduates 1970
Dental Assistant	2	1	22		42	17
Dental Hygiene	2		37	3	24	0
Inhalation Therapy	2		81	13	103	2
Medical Assistant	2		49	6	55	26
Medical Lab Technician	1	1	29	7	36	4
Medical Records Technician	2		30	20	57	2
Medical Secretary	4		81	13	118	10
Mental Health Technician	3	2	123	92	185	26
Nursing RN	8	1	556	308	1272	131
Practical	3	1	193	0	223	174
Physical Therapy Assistant	1		48	7	55	0
Surgical Technician	1		10	0	12	5
X-Ray Technician		1	0	0	0	0

(1) Source of Data - Directory Listing Curriculum Offered in the Community Colleges of Pennsylvania, Pennsylvania Department of Education, March 1971

EPI ALLIED HEALTH PROFESSIONS PROJECT

COMPLETED SURVEY INSTRUMENTS RECEIVED FROM HEALTH CARE FACILITIES

Exhibit II

County	Nursing RN	Nursing LPN	Nursing NA	Ward Management	Radiology	Respiratory Care	Medical Labs	Medical Records	Food Service	Business Office	TOTAL
Allegheny											
Western Psych.	4		5		1			3	4	4	21
Children's	5	2	3		2	3	9		3	4	31
Montefiore	5	5	5	3	3	3	3	4	4	4	39
Magee-Womens	5	5	5	—	3	3	4	4	4	7	40
Total	19	12	18	3	9	9	16	11	15	19	131
Westmoreland											
Monsour	5	5	3	3	2	2	3	2	4	4	33
Jeannette	5	5	5	3	3	3	3	3	3	4	37
Westmoreland	5	5	5	3	3	3	3	3	3	4	37
H. C. Frick	5	5	5		3	2	3	3	3	4	33
Citizens General	4	5	5	3	3	3	3	3	3	4	36
Manor	4	4	4	—	—	1	—	1	3	2	19
Total	28	29	27	12	14	14	15	15	19	22	195
GRAND TOTAL	47	41	45	15	23	23	31	26	34	41	326

FUTURE DIRECTION OF THE PROJECT

1. A demonstration of the applicability of the approach to curriculum and course content development will be given in a follow-up report. This demonstration will be based upon the results obtained in the initial survey.

2. Selection of a State Advisory Committee comprising representatives of educational institutions, state professional associations, public and voluntary agencies, and concerned and well-informed laymen to assist EPI in establishing overall policy for the EPI Allied Health Professions Project and to provide skilled guidance in the course of implementation.

3. Additional members will be added to the Occupational Advisory Committee (panel of experts) representing the health care facilities, accrediting bodies, etc. The panel of experts will also be involved in addressing the problems encountered in determining the academic level at which various stages of the curriculum should be introduced and in the development of career ladders within the allied health professions.

4. Refinement in the technique in terms of the survey instrument itself, and the number and types of health care facilities to be surveyed.

5. After the refinement in technique has been accomplished, a statewide sampling will be undertaken of the occupational areas selected, in addition to other possible occupational areas and emerging careers which will be chosen on the basis of most pressing needs.

6. Using the results of the statewide sampling in the health occupational areas, the Occupational Advisory Committee will work in conjunction with the State Advisory Committee and other representatives from the academic community, professional associations, and health care agencies, to develop curricular models and courses of study for these health occupational areas.

7. A pilot program will be undertaken to institute a curriculum for the emerging career of medical emergency technician. This pilot program will include: the development of an inventory of tasks; the survey of performance; the articulation of these tasks to curriculum and course content; and the implementation of this curriculum in the Westmoreland County Community College.

PRESENTATION OF THE DATA AND ANALYSIS

In the following pages, a presentation of the results of the initial EPI survey is given for four of the health occupational areas:

Nursing;
Respiratory Care;
Radiology;
Ward Management.

Although data was gathered on the remaining four occupational areas; the results are not presented in this report. Preliminary analysis of the data obtained in these occupational areas has indicated that the sample is not broad enough to provide meaningful results and, in fact, might prove to be misleading. The health occupational areas for which data was obtained but which are excluded from the presentation of data in this initial report are:

Medical Records;
Medical Laboratories;
Business Office;
Food Service.

In each of the above areas, a division of responsibility was found to be practiced in the hospitals. In other words, the total tasks for the occupation were divided among those employed in such a manner to create specialists in particular sub-functions. Upon analysis of the responses obtained, it was determined that this specialization was not properly provided for in the distribution of the survey instruments. In some areas of specialization, the response was not an adequate base from which a meaningful result could be obtained. In order that analysis of these occupations can be made, it will be necessary to take further samples for each of the occupations with consideration being given to the specialization which is inherent in the field.

The data presented in the following pages includes a summary of the UCLA results (where these results are available) as well as those obtained in the EPI study. The UCLA data is presented in order to facilitate the comparison of the two studies. Where significant differences between the studies exist, they are discussed. Where agreement between the results is obtained, the results of the UCLA study will provide additional data to be used in the articulation of performance requirements to relevant curriculum.

NURSING

Overview:

Of all of the occupational fields included in the current analysis, the Nursing field is the most clearly defined in structure, both by tradition and licensure. And yet, as the results of the UCLA study indicate (substantiated by the EPI results presented herein) Nursing is in a transitional period. Changes of practice in hospitals as to the use of various levels of Nursing personnel appear to be taking place. The positions of Registered Nurse, Licensed Practical Nurse, and Nurses Aide seem to be in the process of redefinition within the hospital structure, not by job description but more in terms of the actual performance. The direction of this redefinition is indicated through the comparison of the response pattern obtained and the assignment of appropriate occupational level by the UCLA National Advisory Committee.

EPI Sample:

The number of respondents surveyed in the Nursing area was by far the largest in the EPI study. In all, 133 instruments were returned with 46 in the Staff Nurse category; 41 in the Licensed Practical Nurse category; 45 in the Nurses Aide category; and one which was dropped as incomplete.

The average age, average years in the position, and average years in the occupation for each category indicates that the administrators chose the more experienced personnel for participation in the survey. The stability of the respondent group leads to a feeling that the results presented here are representative of the actual practice in the health care facilities.

The certification of the respondents was as expected. Only 2 in the Staff Nurse category obtained their certification through an Associate degree program while 4 were college graduates. Approximately 80% of the Practical Nurse group indicated as their source of training a one-year course administered by a hospital. In general, the Nurses Aide had no certification, and only approximately 40% indicated having received any training at all. These facts compare favorably with the results of the UCLA survey.

Results:

The following pages present the results of the EPI survey and summarize the UCLA results for comparative purposes. For ease of comparison, the presentation is divided into the same functional categories as was the UCLA study. These categories are:

A. Diversional, Therapeutic, and Assistance Activities;
B. Safety, and Comfort of the Patient;
C. Nutrition and Elimination;

D. Treatments, Procedures, Medications, and Diagnostic Activities;
E. Observation and Communication; and
F. Administration, Coordination, and Housekeeping Functions.

For each of the above categories a table is presented ranking the percentage of respondents of each occupational group according to the percentage of the group performing the tasks in that functional area. A second table for each category presents the average percentage performace of tasks for each of the occupational areas. Using these tables, an analysis of the occupational area which is most likely to perform tasks within a functional area can be accomplished.

In the UCLA study, performance of a task was based upon the respondent indicating that the task was performed either:

(1) daily/almost daily;
(2) several times per week;
(3) several times per month.

Any indication that the task was performed several times a year was omitted from the results. In the EPI results, this response was included in the data, on the basis that certain critical situations do not arise with a greater frequency than this, and that a measurement of performance of these critical tasks is important. As a result of this fact, the comparison of data between studies as shown on the chart will indicate, in some cases, a higher percentage response for the local sample. This variation is not significant in most cases.

NURSING

Summary of Background Data

Background Data	All Respondents		Registered Nurse		Licensed Practical Nurse		Nurse's Aide	
	EPI	UCLA	EPI	UCLA	EPI	UCLA	EPI	UCLA
1. Sample Size	132	398	46	137	41	130	45	131
2. Sex Male	7	19	0	2	2	5	5	12
Female	125	378	46	134	39	125	41	119
3. Age Mean	34.1	-	29.2	-	35.9	-	37.4	-
4. Years in Position Mean	3.1	-	2.1	-	3.3	-	3.9	-
5. Years in Occupation Mean	6.4	-	7.0	-	6.4	-	5.8	-
6. Highest Level of Education								
Less than High School	17	60	-	2	4	19	13	39
High School or Equivalent	83	235	30	94	30	84	24	57
Some College	22	73	10	26	6	20	6	27
Associate Degree	3	5	2	5	-	-	1	-
Bachelor's Degree	4	15	4	14	-	1	-	-
Master's Degree	-	-	-	-	-	-	-	-
Ph.D. Degree	-	-	-	-	-	-	-	-
Other	2	-	-	-	1	-	1	-
No Answer	1	5	-	1	-	3	-	1
7. Technical or Training Programs								
On-the-Job	15	116	-	1	4	19	11	36
Military	3	-	-	-	1	-	2	-
Manufacturers	-	-	-	-	-	-	-	-
Vocational School	8	-	-	-	7	-	1	-
Certificate or Diploma	79	235	42	114	29	100	3	21
Other	7	-	4	-	2	-	1	-
None or No Answer	-	-	-	2	2	10	28	14
8. Certification								
RN	46	-	46	-	-	-	-	-
LPN	39	-	-	-	41	-	-	-
NA	5	-	-	-	-	-	5	-
None	40	-	-	-	-	-	40	-
No Answer	2	-	-	-	1	-	-	-
9. Annual Salary								
Less than 2,000	1	-	-	-	-	-	1	-
2,000 - 3,999	7	139	-	6	1	41	6	92
4,000 - 5,999	62	166	1	49	27	82	34	35
6,000 - 7,999	31	77	22	75	9	2	-	-
8,000 - 9,999	19	-	19	-	-	-	-	-
10,000 - 11,999	1	3	1	3	-	-	-	-
12,000 - 15,000	-	-	-	-	-	-	-	-
More than 15,000								
None	11	-	3	-	4	-	4	-

DIVERSIONAL THERAPEUTIC AND ASSISTANCE ACTIVITIES

TASK	All Respondents UCLA - N = 148 EPI - N = 150 Percent 25 50 75 100	Frequency	Registered Nurse UCLA - N = 137 EPI - N = 57 Percent 25 50 75 100	Frequency	Licensed Practical Nurse UCLA - N = 130 EPI - N = 60 Percent 25 50 75 100	Frequency	Nurses Aide UCLA - N = 141 EPI - N = Percent 25 50 75 100	Frequency	Group	Criticality
1. Read to patients.										
2. Assist and/or participate in recreational activities.		2		2		1		1	1	
3. Obtain and deliver supplies for patients' entertainment or recreation.		2		2		2		1	1	
4. Assist and/or participate in occupational activities with patients.		1		1		1		1	1	
5. Assist with individual and group therapy.		3		4		1		3	2	
6. Assist in writing letters, messages.		1		1		1		1	1	
7. Assist in placing telephone calls.		4		2		3		1	1	
8. Receive and deliver messages and/or mail to patients.		3		3		3		1	1	
9. Obtain and deliver items for patients' personal use.		1		1		1		1	1	
		3		3		3		1	1	

KEY: ▨ - UCLA; ▭ - EPI; Criticality: C

N-4

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Diversional, Therapeutic, and Assistance Activities

Results:

The nine tasks in this area relate to the patient's need to communicate with the world outside the hospital. These tasks are not ones which would normally be considered as a major part of the Nurses' duties. However, the performance figures indicate that these patient service tasks are performed by a large percentage of the respondents on a rather frequent basis, particularly for those at the Aide level. Upon reflection, the performance of these tasks by members of the nursing group is not unexpected, given the orgizational structure of hospitals.

The ranking of the tasks by percentage of respondents performing the tasks produces the same order for the UCLA and the EPI samples. The local sample indicates a greater percentage performance of the respondents in this category. This may be a result of the absence of the unit management concept in some local hospitals. This absence is documented in the section on Ward Management.

Ranking the occupational levels in percentage of each level's sample performing the tasks (see accompanying chart titled "Rank for Occupational Area Performing Tasks"), yields the fact that these tasks are most likely to be performed by Nurses Aides. This is the case for both the local and the UCLA survey.

Tasks not Performed:

All tasks are performed in this category.

Tasks Added:

No tasks were added in this category.

DIVERSIONAL & THERAPEUTIC

AVERAGE PERCENT PERFORMANCE (*) OF

OCCUPATIONAL LEVEL BY FUNCTIONAL AREA

	RN	LPN	NA
UCLA / EPI	18 / 43	25 / 48	28 / 52

(*) The EPI data includes the indication that the task was performed several times per year; whereas the UCLA data does not include this response. Thus, the EPI percentage will be higher.

RANK FOR OCCUPATIONAL CATEGORY

PERFORMING TASKS IN

DIVERSIONAL, THERAPEUTIC, AND ASSISTANCE ACTIVITIES

RANK ORDER *

EPI \ UCLA	1	2	3
RN	1 0	1 4	7 5
LPN	2 3	6 3	1 3
NA	6 6	2 2	1 1

*The Rank Order indicates the number of tasks which are performed by an occupational level with the largest percentage performance (1), second largest percentage performance (2), and the smallest percentage (3).

NURSING
PATIENT PROTECTION

TASK	All Respondents UCLA - N = 398 EPI - N = 132 Percent 25 50 75 100	Frequency	Registered Nurse UCLA - N = 137 EPI - N = 46 Percent 25 50 75 100	Frequency	Licensed Practical Nurse UCLA - N = 130 EPI - N = 40 Percent 25 50 75 100	Frequency	Nurses Aide UCLA - N = 131 EPI - N = 46 Percent 25 50 75 100	Frequency	Criticality	Criticality
10. Count, sign for, and place patient's personal possessions in safe place.		1		2		1		1	1	
11. Use precautions in administering and handling potentially dangerous agents, e.g. drugs, radioactive materials.		1		1		1		1	2	
12. Apply restraints.		1		2		1		1	2	
13. Explain and apply smoking regulations.		1		1		1		1	1	
14. Adjust side rails.		1		1		1		1	1	
15. Adjust height of bed.		1		1		1		1	1	
16. Obtain patient and/or family consent for treatments.		1		1		1		1	1	
17. Prepare accident and safety reports.		3		4		4		3	1	
18. Open sterile packages and packs.		1		1		1		1	1	
19. Apply sterile dressings and bandages.		1		1		1		1	1	
20. Pour sterile solutions.		1		1		1		1	1	
21. Do sterile scrub.		4		4		4		1	1	

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

N-8

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NURSING
PATIENT PROTECTION (CONT'D.)

TASK	All Respondents UCLA - N = 508 EPI - N = 132 Percent 25 50 75 100	Frequency	Registered Nurse UCLA - N = 127 EPI - N = 47 Percent 25 50 75 100	Frequency	Licensed Practical Nurse UCLA - N = 130 EPI - N = 40 Percent 25 50 75 100	Frequency	Nurses Aide UCLA - N = 141 EPI - N = 45 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
22. Apply sterile gown.										
23. Apply sterile gloves.										
24. Handle sterile equipment.		1		3		1		1	1	1
25. Apply and remove gown and mask.		1		1		1		1	1	1
26. Wash hands.		4		4		4		4	1	1
27. Take into and remove equipment and supplies from contaminated room.		1		1		1		1	1	1
28. Dispose of contaminated materials and equipment.		4		4		4		4	1	1

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

PERSONAL HYGIENE AND GENERAL COMFORT

TASK	All Respondents UCLA - N = 268 EPI - N = 132 Percent 25 50 75 100	Frequency	Registered Nurse UCLA - N = 137 EPI - N = 46 Percent 25 50 75 100	Frequency	Licensed Practical Nurse UCLA - N = 130 EPI - N = 40 Percent 25 50 75 100	Frequency	Nurses Aide UCLA - N = 131 EPI - N = 46 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
29. Give or assist patient to take bath.		1		1		1		1	1	
30. Make patient's bed, occupied.		1		1		1		1	1	
31. Make patient's bed, unoccupied.		1		1		1		1	1	
32. Make...recovery anesthetic bed.		1		2		1		1	1	
33. Comb patient's hair.		1		1		1		1	1	
34. Give or assist patient in shampoo.		4		4		4		4	1	
35. Care for or assist patient to care for toenails and fingernails.		3		3		2		1	1	
36. Give or assist patient with oral hygiene.		1		1		1		1	1	
37. Assist patient with dressing and undressing.		1		1		1		1	1	
38. Assist with and/or shave male patients.		2		2		2		1	1	
39. Give general skin care to patients in casts.		3		4		3		1	2	
40. Give general skin care to patients in traction.		4		3		3		4	2	

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

NURSING

PERSONAL HYGIENE AND GENERAL COMFORT (CONT'D.)

TASK	All Respondents UCLA - N = 99 EPI - N = 102 Percent 25 50 75 100	Frequency	Registered Nurse UCLA - N = 147 EPI - N = 44 Percent 25 50 75 100	Frequency	Licensed Practical Nurse UCLA - N = 140 EPI - N = 40 Percent 25 50 75 100	Frequency	Nurses Aide UCLA - N = 151 EPI - N = 41 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
41. Give general skin care to patients in restraints.		1		1		1		1	1	
42. Give general skin care to comatose and semicomatose patients.		1		2		1		1	1	
43. Give general skin care to patients with decubitus ulcers.		1		4		1		1	1	
44. Give backrubs.		1		1		1		1	1	
45. Change soiled linen and clothes.		1		1		1		1	1	
46. Use overbed cradles.		4		4		4		4	1	
47. Use footboards.		4		4		4		1	1	
48. Use of sheepskins, lambswool pads.		1		1		1		1	1	
49. Use trochanter rolls, sandbags.		4		4		3		3	1	
50. Use air rings, doughnuts.		3		4		3		3	1	
51. Alternate pressure mattresses.		3		3		3		3	1	

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

NURSING

RELIGIOUS AND SPIRITUAL CARE

TASK	All Respondents UCLA - N = 398 EPI - N = 132 Percent 25 50 75 100	Frequency	Registered Nurse UCLA - N = 137 EPI - N = 46 Percent 25 50 75 100	Frequency	Licensed Practical Nurse UCLA - N = 130 EPI - N = 40 Percent 25 50 75 100	Frequency	Nurses Aide UCLA - N = 131 EPI - N = 46 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
52. Prepare patient to see clergy.		3		3		4		3	1	
53. Prepare patient to receive sacraments.		4		3		4		3	1	
54. Call clergy.		4		4		4		4	1	
55. Participate, assist in administration of sacraments.	0	4	0	4	0	4	0	4	1	
56. Assist patient in religious rites.		4		4	0	4		1	1	
57. Assist patient in observing religious dietary restrictions.		4		4		1		4	1	

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

NURSING
PATIENT NEED FOR MOVEMENT

TASK	All Respondents UCLA - N = 398 EPI - N = 132 Percent 25 50 75 100	Frequency	Registered Nurse UCLA - N = 137 EPI - N = 46 Percent 25 50 75 100	Frequency	Licensed Practical Nurse UCLA - N = 136 EPI - N = 43 Percent 25 50 75 100	Frequency	Nurses Aide UCLA - N = 131 EPI - N = 43 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
58. Place patient in correct body alignment.		1		1		1		1	1	
59. Turn patient.		1		1		1		1	1	
60. Assist patient to dangle.		1		1		1		1	1	
61. Assist patient to get in and out of bed.		1		1		1		1	1	
62. Assist patient to transfer from bed to chair.		1		1		1		1	1	
63. Assist patient in walking.		1		1		1		1	1	
64. Assist patient in passive exercise.		3		3		3		3	1	
65. Assist patient in active exercise.		3		3		3		3	1	
66. Assist patient in range of motion.		3		3		3		2	1	C
67. Assist patient in preparation for crutch walking.		4		4		4		3	2	
68. Assist patient in preparation for chest surgery.		4		4		4		4	2	C
69. Assist patient following amputation.		4		4		4		4	2	C

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

TASK	All Respondents UCLA - N = 398 EPI - N = 132 Percent 25 50 75 100	Frequency	Registered Nurse UCLA - N = 137 EPI - N = 46 Percent 25 50 75 100	Frequency	Licensed Practical Nurse UCLA - N = 130 EPI - N = 40 Percent 25 50 75 100	Frequency	Nurses Aide UCLA - N = 131 EPI - N = 46 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
70. Assist patient following radical mastectomy.								3	2	
71. Assist patient in Buerger's exercise.		4		4		4		2	2	
72. Use mechanical devices (Hoyer lift) to move patient.		4		4		4		3	2	
73. Set up and maintain traction.		4		4		4		4	2	C
74. Operate Stryker and Foster Frames.		4		4		4		1	2	C
75. Operate circle beds.		4		4		4		4	2	C
76. Apply and remove braces.		4		3		4		4	2	
77. Transport patient in wheelchair.		1		1		1		1	1	
78. Transport patient on stretcher.		1		1		1		1	1	

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

Safety and Comfort of the Patient

Results:

This functional area is divided into the following sub-groups:

(a) patient protection;
(b) personal hygiene and general comfort;
(c) religious and spiritual area;
(d) patient need for movement.

The relative ranking of the tasks by performance of all respondents is for the most part comparable in both studies. The local sample produces a larger percentage response than the UCLA study for most of the tasks in the functional group when the total of all respondents is considered. However, this greater response is not large enough to be significant.

Tasks in this functional group are among those which might be related to the more traditional view of Nursing. Such a view holds that the Nurse's duty is to minister to the patient's needs during his hospitalization. When one analyzes the rank of occupational category performing tasks in this area some interesting facts appear. The UCLA results indicate that the largest percentage of performance of these tasks is in the Aide, Practical Nurse categories. The Registered Nurse consistently performs with the lowest percentage except in the sub-category of patient protection. On the other hand, the local sample indicates the highest performance by the LPN, RN categories. In the four sub-categories, the LPN ranks first in percentage performance, with the RN ranking second in all but the sub-category of Personal Hygiene and General Comfort.

Tasks not Performed:

All tasks were performed by respondents in the sample.

Tasks Added:

1. Transport patients to other hospitals.
2. Escort patients to laboratory.
3. Escort patients to X-ray.

These tasks are not a significant addition to the inventory.

SAFETY & COMFORT

AVERAGE PERCENT PERFORMANCE (*) OF

OCCUPATIONAL LEVEL BY FUNCTIONAL AREA

SUBCATEGORY

UCLA / EPI	RN	LPN	NA
Patient Protection	46 / 73	50 / 79	35 / 49
Hygiene & General Comfort	25 / 63	49 / 80	49 / 67
Religious and Spiritual Care	3 / 39	6 / 40	7 / 28
Need for Movement	28 / 52	39 / 61	38 / 46
Total Functional Area	30 / 61	43 / 70	28 / 32

(*) The EPI data includes the indication that the task was performed several times per year; whereas the UCLA data does not include this response. Thus, the EPI percentage will be higher.

RANK FOR OCCUPATIONAL CATEGORY

PERFORMING TASKS IN

SAFETY & COMFORT

RANK ORDER *

EPI \ CCLA	1	2	3
RN	8 / 7	8 / 35	53 / 27
LPN	36 / 58	32 / 11	1 / -
NA	25 / 5	29 / 32	15 / 32

*The Rank Order indicates the number of tasks which are performed by an occupational level with the largest percentage performance (1), second largest percentage performance (2), and the smallest percentage (3).

PATIENT NEED FOR FOOD AND FLUIDS

TASK	All Respondents UCLA - N = 398 EPI - N = 132 Percent 25 50 75 100	Frequency	Registered Nurse UCLA - N = 137 EPI - N = 46 Percent 25 50 75 100	Frequency	Licensed Practical Nurse UCLA - N = 130 EPI - N = 40 Percent 25 50 75 100	Frequency	Nurses Aide UCLA - N = 131 EPI - N = 46 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
79. Ask patient about cultural, religious, personal preferences for food.		1		1		-		1	1	
80. Put food on trays.		1		1		1		1	1	
81. Serve food trays.		1		1		1		1	1	
82. Collect food trays.		1		1		1		1	1	
83. Position patient for meals.		1		1		1		1	1	
84. Prepare food so patient may assist self.		1		1		1		1	1	
85. Assist infant patients to eat.		1		4		4		1	1	
86. Feed patient (children).		1		4		4		1	1	
87. Feed adult patients.		1		1		1		1	1	
88. Administer nasogastric.		4		4		4		4	1	C
89. Administer gavage.		4		4		4		4	2	C
90. Administer gastrostomy.		4		4		4		1	2	C

KEY: = UCLA; = EPI; Criticality: C

NURSING
PATIENT NEED FOR FOOD AND FLUIDS (CONT'D)

TASK	All Respondents UCLA - N = 398 EPI - N = 132 Percent 25 50 75 100	Frequency	Registered Nurse UCLA - N = 137 EPI - N = 46 Percent 25 50 75 100	Frequency	Licensed Practical Nurse UCLA - N = 130 EPI - N = 40 Percent 25 50 75 100	Frequency	Nurses Aide UCLA - N = 131 EPI - N = 46 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
91. Start intravenous fluids.		1		1	0	1	0	0	2	C
92. Regulate intravenous fluids.		1		1		1		2	1	C
93. Discontinue intravenous fluids.		2		1		2		2	1	
94. Prepare and give between-meal nourishment of liquids, e.g. water, juice, coffee.		1		1		1		1	1	
95. Prepare and give solid foods, e.g., pudding, crackers, toast.		1		1		1		1	1	
96. Observe, measure, and record food and fluid intake.		1		1		1		1	1	

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

NURSING

PATIENT NEED FOR ELIMINATION

TASK	All Respondents UCLA - N = 398 EPI - N = 132 Percent 25 50 75 100	Frequency	Registered Nurse UCLA - N = 137 EPI - N = 46 Percent 25 50 75 100	Frequency	Licensed Practical Nurse UCLA - N = 130 EPI - N = 40 Percent 25 50 75 100	Frequency	Nurses Aide UCLA - N = 131 EPI - N = 46 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
97. Assist patient in using bedpan.		1		1		1		1	1	
98. Assist patient in using urinal.		1		1		1		1	1	
99. Assist patient in using bedside commode.		1		1		1		1	5	
100. Assist patient in going to bathroom.		1		1		1		1	1	
101. Remove fecal impactions.		3		4		3		3	1	
102. Observe, measure, and record output.		1		1		1		1	1	

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

NURSING

PATIENT NEED FOR OXYGEN TRANSPORT AND EXCHANGE

TASK	All Respondents UCLA - N = 398 EPI - N = 137 Percent 25 50 75 100	Frequency	Registered Nurse UCLA - N = 137 EPI - N = 46 Percent 25 50 75 100	Frequency	Licensed Practical Nurse UCLA - N = 130 EPI - N = 40 Percent 25 50 75 100	Frequency	Nurses Aide UCLA - N = 131 EPI - N = 46 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
103. Assist patient to turn, cough, deep breathe.		1		1		1		1	1	C
104. Assist patient with postural drainage.		4		4		4		1	2	
105. Give artificial respiration.		4		4		4		4	2	C
106. Administer oxygen catheter.		3		4		3		1	1	
107. Administer oxygen mask.		3		3		3		1	1	
108. Administer oxygen tent.		4		4		4		4	2	
109. Administer oxygen: positive pressure.		4		4		1		4	1	C
110. Set up and regulate oxygen equipment.		3		1		2		3	1	C
111. Suction patient's nose passage.		3		3		3		3	1	
112. Suction patient's throat passage.		3		3		3		3	2	
113. Suction patient's trachea.		4		4		4		4	2	C
114. Suction patient's tracheotomy.		4		4		4		4	2	C

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

NURSING

PATIENT NEED FOR OXYGEN TRANSPORT AND EXCHANGE (CONT'D.)

TASK	All Respondents UCLA - N = 398 EPI - N = 132 Percent 25 50 75 100	Frequency	Registered Nurse UCLA - N = 137 EPI - N = 46 Percent 25 50 75 100	Frequency	Licensed Practical Nurse UCLA - N = 130 EPI - N = 40 Percent 25 50 75 100	Frequency	Nurses Aide UCLA - N = 131 EPI - N = 46 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
115. Remove and clean inner cannula of trachea.		4		4		4		4	1	C
116. Set up and regulate croupette.		4		1		4		4	1	
117. Set up and regulate humidifier.		4		1		4		4	1	C
118. Start blood transfusion.		3		3		0		0	2	C
119. Regulate blood transfusion.		3		3		4		0	1	C
120. Discontinue blood transfusion.		3		3		4		0	1	C

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

Nutrition and Elimination

Results:

Again, as in the last section, the activities involved in this category are among those which are felt to be part of the traditional duties of a Nurse. This functional category can be divided into three functional sub-categories:

(1) patient need for food and fluids;
(2) patient need for elimination;
(3) patient need for oxygen transport and exchange.

In the EPI sample, there appears to be no significant difference between the Registered Nurse and the Licensed Practical Nurse performance for the functional area (see accompanying chart on Rank Performance by Category). The Nurses Aide performs significantly less in this area. In the UCLA study, this result is not replicated. There appears to be less differentiation between the three categories with the Nurses Aide ranking second, and the Registered Nurse ranking last.

Considering the functional sub-category relating to the patient's need for food and fluids, the local sample yields the same ranking as for the entire functional category. It is noted that the EPI response obtained on Task 91, Start Intravenous Fluids, indicated only 5% of the LPN's and no NA's are performing the task. This was expected and in fact is substantiated by the UCLA data. The UCLA National Advisory Committee deemed this to be appropriately performed only by the Registered Nurse category and the results of both samples indicate that this is the actual practice. However, considering the response to Task 92, Regulate Intravenous Fluids, which the National Advisory Committee also deemed to be a Registered Nurse function, both samples indicate that this task is performed by a high percentage of Licensed Practical Nurses, and in fact even a small percentage of the Nurses Aide group.

The data yields no surprising results in the sub-category relating to the patient's need for elimination. There appears to be little difference in the performance of the various Nursing levels for tasks in this sub-category. There does appear to be greater reliance on the Registered Nurse locally than in the UCLA sample.

In the functional sub-category involving the patient's need for oxygen transport and exchange, local performance figures indicate the Registered Nurse and the Licensed Practical Nurse are the ones responsible for these duties. The UCLA data indicates that the LPN is responsible most often in this category. It is interesting to note that for the EPI sample, there is a higher response to tasks in this sub-category than was obtained in the UCLA results. This may be the result of the more traditional view locally of respiratory care; i.e. as a specialized extension of Nursing. This is documented further in the discussion on Respiratory Care.

Tasks not Performed:

All tasks in functional area were performed.

Tasks Added:

1. Set up and regulate vaporizer.

NUTRITION & ELIMINATION

AVERAGE PERCENT PERFORMANCE (*) OF

OCCUPATIONAL LEVEL BY FUNCTIONAL AREA

SUBCATEGORY

UCLA / EPI	RN	LPN	NA
Need for Food & Fluids	38 / 59	45 / 61	41 / 46
Need for Elimination	46 / 70	66 / 83	70 / 71
Need for Oxygen	15 / 53	23 / 43	10 / 15
Total Functional Area	29 / 58	39 / 59	32 / 36

(*) The EPI data includes the indication that the task was performed several times per year; whereas the UCLA data does not include this response. Thus, the EPI percentage will be higher.

RANK FOR OCCUPATIONAL CATEGORY

PERFORMING TASKS IN

NUTRITION & ELIMINATION

RANK ORDER *

UCLA / EPI	1	2	3
RN	9 / 15	9 / 14	24 / 13
LPN	20 / 20	20 / 21	2 / 0
NA	14 / 7	14 / 7	14 / 27

*The Rank Order indicates the number of tasks which are performed by an occupational level with the largest percentage performance (1), second largest percentage performance (2), and the smallest percentage (3).

NURSING
TREATMENTS AND PROCEDURES

TASK	All Respondents UCLA - N = 398 EPI - N = 132 Percent 25 50 75 100	Frequency	Registered Nurse UCLA - N = 137 EPI - N = 46 Percent 25 50 75 100	Frequency	Licensed Practical Nurse UCLA - N = 130 EPI - N = 40 Percent 25 50 75 100	Frequency	Nurses Aide UCLA - N = 131 EPI - N = 46 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
121. Irrigate eye, ear, throat.		4		4		4		1	1	C
122. Vaginal (douche).		3		4		3		2	1	
123. Irrigate rectum (enema).		2		4		2		2	1	
124. Irrigate bladder.		3		3		3		1	1	C
125. Irrigate colostomy.		4		4		4		4	2	C
126. Irrigate stomach.		4		4		3		2	2	C
127. Irrigate wound.		4		4		4		3	2	C
128. Instill solutions into eye, ear, nose.		3		3		3		-	1	
129. Instill solutions into vagina.		4		4		4		1	1	
130. Instill solutions into bladder.		3		3		4		1	1	C
131. Instill solutions into stomach.		4		4		3		1	2	C
132. Instill solutions into wound.		4		4		4		4	2	C

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

TASK	All Respondents UCLA - N = 398 EPI - N = 130 Percent 25 50 75 100	Frequency	Registered Nurse UCLA - N = 137 EPI - N = 46 Percent 25 50 75 100	Frequency	Licensed Practical Nurse UCLA - N = 130 EPI - N = 40 Percent 25 50 75 100	Frequency	Nurses Aide UCLA - N = 131 EPI - N = 46 Percent 25 50 75 100	Frequency	Mode	Difficulty	Criticality
133. Connect catheters and tubing to drainage.		1		1		1		1	1		
134. Check and maintain drainage tubing without suction, e.g. urinary, catheters, T-tube.		1		1		1		1	1		C
135. Check and maintain drainage tubing with suction, e.g. chest, gastric.		1		1		1		1	1		C
136. Empty drainage bottles and bags.		1		1		1		1	1		
137. Insert urinary catheters.		3		3		3		3	1		C
138. Insert nasogastric catheters.		3		3		-		-	2		C
139. Screen and drape patient for rectal, vaginal, or proctoscopic.		1		2		1		1	1		
140. Position and hold patient for rectal, vaginal, or proctoscopic.		1		2		1		1	1		
141. Set up equipment for rectal, vaginal, or proctoscopic.		1		2		1		1	1		
142. Assist physician with equipment for rectal, vaginal, proctoscopic.		1		2		1		1	1		
143. Care for specimens.		1		3		1		1	1		
144. Assist with and/or apply rib belts.		3		4		3		4	1		

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

NURSING
TREATMENTS AND PROCEDURES (CONT'D.)

TASK	All Respondents UCLA - N = 398 EPI - N = 132 Percent 25 50 75 100	Frequency	Registered Nurse UCLA - N = 137 EPI - N = 46 Percent 25 50 75 100	Frequency	Licensed Practical Nurse UCLA - N = 130 EPI - N = 40 Percent 25 50 75 100	Frequency	Nurses Aide UCLA - N = 131 EPI - N = 46 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
145. Assist with and/or apply T, straight, scultetus, breast, and triangular (sling) binders.		3		3		2		3	1	
146. Assist with and/or apply ace bandages and elastic stockings.		1		1		1		1	1	
147. Assist with and/or apply roller bandages.		3		3		2		2	1	
148. Assist with and/or apply splints.		4		4		3		3	1	
149. Apply tourniquet.		3		3		4		-	1	C
150. Assist with somatic therapies, e.g., insulin shock treatments, electroconvulsive treatments.		4		4		4		3	2	C
151. Apply defibrillator.		4		4		-		-	1	C

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

APPLICATION OF HEAT, COLD, MEDICATED THERAPEUTIC AGENTS

TASK	All Respondents UCLA - N = 398 EPI - N = 132 Percent 25 50 75 100	Frequency	Registered Nurse UCLA - N = 137 EPI - N = 46 Percent 25 50 75 100	Frequency	Licensed Practical Nurse UCLA - N = 130 EPI - N = 40 Percent 25 50 75 100	Frequency	Nurses Aide UCLA - N = 131 EPI - N = 46 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
152. Apply hot water bottle.		3		4		1		3	1	
153. Apply heating pads.		3		3		4		1	1	
154. Apply hot packs.		4		4		2		1	1	
155. Apply cold packs.		1		4		1		1	1	
156. Apply medicated packs.		4		4		3		1	1	
157. Apply hot compresses.		4		4		2		3	1	C
158. Apply cold compresses.		4		4		1		4	1	
159. Apply medicated compresses.		4		4		4		1	2	
160. Administer hot soaks.		4		4		3		3	1	
161. Administer cold soaks.		4		4		3		4	1	
162. Administer medicated soaks.		4		4		4		4	2	
163. Apply ice bags.		1		3		1		1	1	

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

NURSING

APPLICATION OF HEAT, COLD, MEDICATED THERAPEUTIC AGENTS (CONT'D.)

TASK	All Respondents UCLA - N = 398 EPI - N = 132 Percent 25 50 75 100	Frequency	Registered Nurse UCLA - N = 137 EPI - N = 46 Percent 25 50 75 100	Frequency	Licensed Practical Nurse UCLA - N = 130 EPI - N = 40 Percent 25 50 75 100	Frequency	Nurses Aide UCLA - N = 131 EPI - N = 46 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
164. Apply heat cradles.		4		4		4		3	1	
165. Apply infra-red lamps.		4		4		3		4	1	C
166. Apply ultraviolet lamps.		4		4		3		3	1	C
167. Apply medicated bath.		4		4		4		1	1	C
168. Administer sitz bath.		3		4		1		3	1	
169. Administer tepid baths.		4		4		4		1	1	
170. Administer alcohol baths.		4		4		4		4	1	
171. Apply thermal blanket.		1		1		1		1	1	

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

TASK	All Respondents UCLA - N = 398 EPI - N = 132 Percent 25 50 75 100	Frequency	Registered Nurse UCLA - N = 137 EPI - N = 46 Percent 25 50 75 100	Frequency	Licensed Practical Nurse UCLA - N = 130 EPI - N = 40 Percent 25 50 75 100	Frequency	Nurses Aide UCLA - N = 131 EPI - N = 46 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
172. Prepare medications.										
173. Give oral medications.		1		1		1		1	1	C
174. Give rectal medications.		1		1		1		1	1	
175. Give inhalation medications.		2		2		1		1	1	C
176. Give intramuscular medications.		4		4		1	0	-	1	C
177. Give intravenous medications.		1		1		1		1	1	C
		1		1		1	0	-	1	C

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

TASK	All Respondents UCLA - N = 398 EPI - N = 132 Percent 25 50 75 100	Frequency	Registered Nurse UCLA - N = 137 EPI - N = 46 Percent 25 50 75 100	Frequency	Licensed Practical Nurse UCLA - N = 130 EPI - N = 40 Percent 25 50 75 100	Frequency	Nurses Aide UCLA - N = 131 EPI - N = 46 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
178. Collect urine specimens.		1		1		1		1	1	
179. Collect stool specimens.		1		4		1		2	1	
180. Collect gastric specimens.		4		4		1		3	1	
181. Collect sputum specimens.		3		3		1		2	1	
182. Do nose and throat cultures.		3		3		3	0	2	1	
183. Do wound cultures.		3		3		3	0	2	1	
184. Do routine urinalysis.		1		1		1		1	1	
185. Test urine for sugar and acetone.		1		1		1		1	1	
186. Draw sample of blood.		3		3	0 0	-		1	1	
187. Take oral temperature.		1		1		1		1	1	
188. Take rectal temperature.		1		1		1		1	1	
189. Take temperature: axillary.		1		3		1		1	1	

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

NURSING
DIAGNOSTIC ACTIVITIES (CONT'D.)

TASK	All Respondents UCLA - N = 398 EPI - N = 132 Percent 25 50 75 100	Frequency	Registered Nurse UCLA - N = 137 EPI - N = 46 Percent 25 50 75 100	Frequency	Licensed Practical Nurse UCLA - N = 130 EPI - N = 40 Percent 25 50 75 100	Frequency	Nurses Aide UCLA - N = 131 EPI - N = 46 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
190. Count pulse at pressure points (radial).		1		1		1		1	1	
191. Count pulse: apical.		1		1		1		1	1	
192. Count respirations.		1		1		1		1	1	
193. Count fetal heart tones.		1		1		1		1	1	
194. Read fetal monitoring devices.		2		2		2		2	2	C
195. Read cardiac monitors.		1		1		4		1	1	C
196. Assist with and/or take electrocardiograms.		4		1		3		3	1	C
197. Assist with and/or take X-rays.		2		2		3		4	1	
198. Read skin tests.		4		4		4		-	1	C

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

Treatments,Procedures, Medications, and Diagnostic Activities

Results:

The tasks in this functional area are divided into the following functional sub-categories:

(1) treatments and procedures;
(2) application of heat, cold, medicated therapeutic agents;
(3) medications;
(4) diagnostic activities.

In both the local and the UCLA samples, there seems to be little significant difference between Registered Nurse and Licensed Practical Nurse performance of tasks in the functional area. In many cases, where the UCLA National Advisory Committee deemed the duties to be the responsibility of either the Registered Nurse or the Licensed Practical Nurse, the percentage of Nurses Aides responding is large enough to be significant for both samples. For the most part, a higher percentage response is obtained in the EPI study. The reason for this higher response is not evident from the data.

In the sub-category of treatments and procedures, the data for both samples indicates the equal sharing of duties between the Registered Nurse and the Licensed Practical Nurse. Tasks 133, 139, 140, 141, and 142, which are rated by the UCLA National Advisory Committee as being appropriate to the Registered Nurse/Licensed Practical Nurse level are performed by a significant percentage of the Nurses Aides. This same result is noted in the sub-categories of: applications of heat, cold, and medicated therapeutic agents (Task 154, 155, 157, 158, 160); and diagnostic activities (Tasks 191 and 193). Thus, as was noted previously, the actual practice is not always in agreement with the opinion of the experts.

In the sub-category concerned with medication, the data from both studies seems to agree with the expert designation as to responsibility for the task. Performance by the Nurses Aide group is not significant. This agrees with the expert designation of these tasks as the responsibility of the Registered Nurse/Licensed Practical Nurse levels.

Tasks not Performed;

All tasks in this functional area were performed.

Tasks Added:

1. Obtain specimens for nose, throat, and wound cultures.

TREATMENTS, PROCEDURES, MEDICATIONS, AND DIAGNOSTIC ACTIVITIES

AVERAGE PERCENT PERFORMANCE (*) OF

OCCUPATIONAL LEVEL BY FUNCTIONAL AREA

SUBCATEGORY

UCLA / EPI	RN	LPN	NA
Treatments and Procedures	19 / 57	26 / 60	18 / 24
Application of Heat, Cold Medicated Therapeutic Agents	9 / 46	22 / 55	17 / 35
Medication	58 / 74	31 / 35	3 / 3
Diagnostic Activities	23 / 51	31 / 55	28 / 39
Total Functional Area	20 / 54	26 / 56	19 / 29

(*) The EPI data includes the indication that the task was performed several times per year; whereas the UCLA data does not include this response. Thus, the EPI percentage will be higher.

RANK FOR OCCUPATIONAL CATEGORY

PERFORMING TASKS IN

TREATMENTS, PROCEDURES, MEDICATIONS, AND DIAGNOSTIC ACTIVITIES

RANK ORDER *

UCLA / EPI	1	2	3
RN	20 / 22	17 / 45	40 / 11
LPN	45 / 57	25 / 18	6 / 1
NA	14 / 0	34 / 16	28 / 50

*The Rank Order indicates the number of tasks which are performed by an occupational level with the largest percentage performance (1), second largest percentage performance (2), and the smallest percentage (3).

TASK	All Respondents UCLA - N = 398 EPI - N = 132 Percent 25 50 75 100	Frequency	Registered Nurse UCLA - N = 137 EPI - N = 46 Percent 25 50 75 100	Frequency	Licensed Practical Nurse UCLA - N = 130 EPI - N = 40 Percent 25 50 75 100	Frequency	Nurses Aide UCLA - N = 131 EPI - N = 46 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
199. Observe patient's general physical condition, e.g., color of skin and mucous membranes, condition of skin, eyes.		1		1		1		1	1	
200. Observe patient's general appearance, e.g., dress, condition of clothing, presence or absence of body odors, use of make-up.		1		1		1		1	1	
201. Observe objective signs and symptoms of illness, disorder, body malfunctions, e.g., skin rashes, swelling, bleeding.		1		1		1		1	1	C
202. Observe general emotional condition, e.g., facial expression, expression of eyes, posture, quality of voice, consciousness.		1		1		1		1	1	
203. Observe general behavior, e.g., conversation; interactions with family, personnel, patients; eating habits, biting nails.		1		1		1		1	1	
204. Observe positive physical and emotional responses to treatments, medications, nursing care, e.g, decreased bleeding.		1		1		1		1	1	C
205. Observe negative physical and emotional responses to treatments, medications, nursing care, e.g, decreased communication.		1		1		1		1	1	C
206. Interpret patient's signs, symptoms, behavior, e.g, increase in jaundice, pacing of floor.		1		1		1		1	1	C
207. Identify patient needs and/or problems, e.g., food, oxygen, affection, recognition.		1		1		1		1	1	C
208. Identify approaches and/or solutions for needs and/or problems, e.g., change patient's position, praise for efforts.		1		1		1		1	1	
209. Make plan for patient care, e.g., identify problem or need, secure information about need or problem.		1		1		1		1	1	
210. Suggest and/or make changes in plan of care.		1		1		1		1	1	

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

NURSING
OBSERVATION AND COMMUNICATION (CONT'D.)

TASK	All Respondents UCLA - N = 398 EPI - N = 132 Percent 25 50 75 100	Frequency	Registered Nurse UCLA - N = 137 EPI - N = 46 Percent 25 50 75 100	Frequency	Licensed Practical Nurse UCLA - N = 130 EPI - N = 40 Percent 25 50 75 100	Frequency	Nurses Aide UCLA - N = 131 EPI - N = 46 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
211. Identify strengths, weaknesses in patient care.		1		1		1		1	1	
212. Seek guidance to understand and improve performance in patient care.		1		1		1		1	1	

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

ORAL AND WRITTEN COMMUNICATION

TASK	All Respondents UCLA - N = 398 EPI - N = 132 Percent 25 50 75 100	Frequency	Registered Nurse UCLA - N = 137 EPI - N = 46 Percent 25 50 75 100	Frequency	Licensed Practical Nurse UCLA - N = 130 EPI - N = 40 Percent 25 50 75 100	Frequency	Nurses Aide UCLA - N = 131 EPI - N = 46 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
213. Record height, weight.		1		1		1		1	1	
214. Record temperature, pulse, respiration, blood pressure.		1		1		1		1	1	
215. Record output--drainage, discharge, urine, bowel movements.		1		1		1		1	1	
216. Record intake--oral liquids and solids, parenteral.		1		1		1		1	1	
217. Record tests, treatments, procedures.		1		1		1		1	1	
218. Record physician's orders.		1		1		1		4	1	
219. Recording nursing care.		1		1		1		1	1	
220. Record observations of behavior, responses to therapy and care.		1		1		1		1	1	
221. Write report on patient census.		1		1		1		1	1	
222. Write reports on patient's condition.		1		1		1		1	1	
223. Write reports on accidents, incidents.		4		4		4		3	1	
224. Read and obtain information from charts.		1		1		1		1	1	

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

TASK	All Respondents UCLA - N = 398 EPI - N = 132 Percent 25 50 75 100	Frequency	Registered Nurse UCLA - N = 137 EPI - N = 46 Percent 25 50 75 100	Frequency	Licensed Practical Nurse UCLA - N = 130 EPI - N = 40 Percent 25 50 75 100	Frequency	Nurses Aide UCLA - N = 131 EPI - N = 46 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
225. Read and obtain information on patient condition and care from reference books (nursing).		1		2		3		1	1	
226. Read and obtain information on patient care from dietary manuals.		3		3		4		3	1	
227. Read and obtain information on patient condition and care from procedure books.		3		3		3		3	1	
228. Attend nursing care conferences.		3		3		3		3	1	
229. Attend unit report.		1		1		1		1	1	
230. Attend demonstrations of procedures and equipment.		4		4		3		4	1	
231. Talk with patient.		1		1		1		1	1	
232. Talk with family.		1		1		1		1	1	
233. Talk with personnel.		1		1		1		1	1	
234. Talk with health team.		1		1		1		1	1	
235. Give information to patient.		1		1		1		1	1	
236. Give information to family.		1		1		1		1	1	

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

TASK	All Respondents UCLA - N = 398 EPI - N = 132 Percent 25 50 75 100	Frequency	Registered Nurse UCLA - N = 137 EPI - N = 46 Percent 25 50 75 100	Frequency	Licensed Practical Nurse UCLA - N = 130 EPI - N = 40 Percent 25 50 75 100	Frequency	Nurses Aide UCLA - N = 131 EPI - N = 46 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
237. Give information to personnel.		1		1		1		1	1	
238. Give information to health team.		1		1		1		1	1	C
239. Obtain information from patient.		1		1		1		1	1	
240. Obtain information from family.		1		1		1		1	1	
241. Obtain information from personnel.		1		1		1		1	1	
242. Talk with health team to obtain information.		1		1		1		1	1	
243. Talk with team leader to obtain guidance.		1		1		1		1	1	
244. Obtain guidance from head nurse.		1		1		1		1	1	
245. Talk with supervisor to obtain guidance.		2		1		2		2	1	
246. Teach patient, family, personnel physician's plan of care.		1		1		1		1	2	
247. Teach patient, family, personnel in relation to objective of nursing care of current illness, convalescence.		1		1		1		1	1	
248. Teach patient, family, personnel general hygiene in relation to prevention of illness and promotion of health.		1		1		1		1	1	

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

NURSING
ORAL AND WRITTEN COMMUNICATION (CONT'D.)

TASK	All Respondents UCLA - N = 398 EPI - N = 132 Percent 25 50 75 100	Frequency	Registered Nurse UCLA - N = 137 EPI - N = 46 Percent 25 50 75 100	Frequency	Licensed Practical Nurse UCLA - N = 130 EPI - N = 40 Percent 25 50 75 100	Frequency	Nurses Aide UCLA - N = 131 EPI - N = 46 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
249. Teach patient, family, personnel in relation to physical examination.		1		1		1		1	1	
250. Teach patient, family, personnel in the prevention of infection.		1		1		1		1	1	
251. Teach patient, family, personnel prevention of accicents		1		1		1		1	1	
252. Teach patient, family, personnel in relation to prevention of cancer.		4		4		4		2	1	
253. Teach patient, family, personnel in nutrition.		1		1		1		1	1	
254. Teach patient, family, personnel in relation to treatments.		1		1		1		2	2	
255. Teach patient, family, personnel in relation to medications.		1		1		1		1	1	C
256. Teach patient, family, personnel in skin care.		1		1		1		1	1	
257. Teach patient, family, personnel in relation to body alignment.		1		1		1		1	1	
258. Teach patient, family, personnel in care of equipment.		1		1		1		1	1	
259. Teach patient, family, personnel exercise, ambulation.		1		1		1		1	1	
260. Teach patient, family, personnel in relation to rehabilitation, activities of daily living.		1		1		1		1	1	

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

TASK	All Respondents UCLA - N = 398 EPI - N = 132 Percent 25 50 75 100	Frequency	Registered Nurse UCLA - N = 137 EPI - N = 46 Percent 25 50 75 100	Frequency	Licensed Practical Nurse UCLA - N = 130 EPI - N = 40 Percent 25 50 75 100	Frequency	Nurses Aide UCLA - N = 131 EPI - N = 46 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
261. Teach patient, family, personnel in relation to bowel and bladder training.		1		1		1		1	1	
262. Orient patient, family to hospital, e.g., routines, regulations, physical facilities, personnel.		1		1		1		1	1	

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

Observation and Communication

The functional area of observation and communication can be divided into the following sub-categories:

(1) observation, analysis, interpretation;
(2) oral and written communication.

With the exception of three Tasks (206, 207, and 208), the tasks in the sub-category are felt by the UCLA National Advisory Committee to be within the prerogative of all levels. The data results point to no particular tasks which are not performed by all levels. The three tasks mentioned above are rated as Registered Nurse and Licensed Practical Nurse responsibilities, but performance data indicates a high percentage (approximately 60%) of Nurses Aides in the EPI sample performing these tasks. This same response is obtained in the UCLA results.

The sub-category of oral and written communication does not yield such high performance for the Nurses Aide on tasks designated by the National Advisory Committee as the responsibility of the Registered Nurse, Licensed Practical Nurse (Tasks 225, 226, 246, 247, 249, 250, 253, 254, 255, 256, 257, 258, 259, and 261). However, in the local data, the Nurses Aide level does indicate a greater than 15% response on all but two of these Tasks (255, 261).

Tasks not Performed:

All tasks in functional area were performed.

Tasks Added:

1. Instruct patient in measuring own intake and output.
2. Consult with patients during doctor's rounds.
3. Consult with disturbed patients.
4. Explain isolation to family.

OBSERVATION & COMMUNICATION

AVERAGE PERCENT PERFORMANCE (*) OF

OCCUPATIONAL LEVEL BY FUNCTIONAL AREA

SUBCATEGORY

UCLA / EPI	RN	LPN	NA
Observation Analysis & Interpretation	84 / 85	82 / 84	65 / 63
Oral & Written Communication	54 / 82	52 / 64	31 / 38
Total Functional Area	60 / 83	59 / 78	36 / 44

(*) The EPI data includes the indication that the task was performed several times per year; whereas the UCLA data does not include this response. Thus, the EPI percentage will be higher.

RANK FOR OCCUPATIONAL CATEGORY

PERFORMING TASKS IN

OBSERVATION & COMMUNICATION

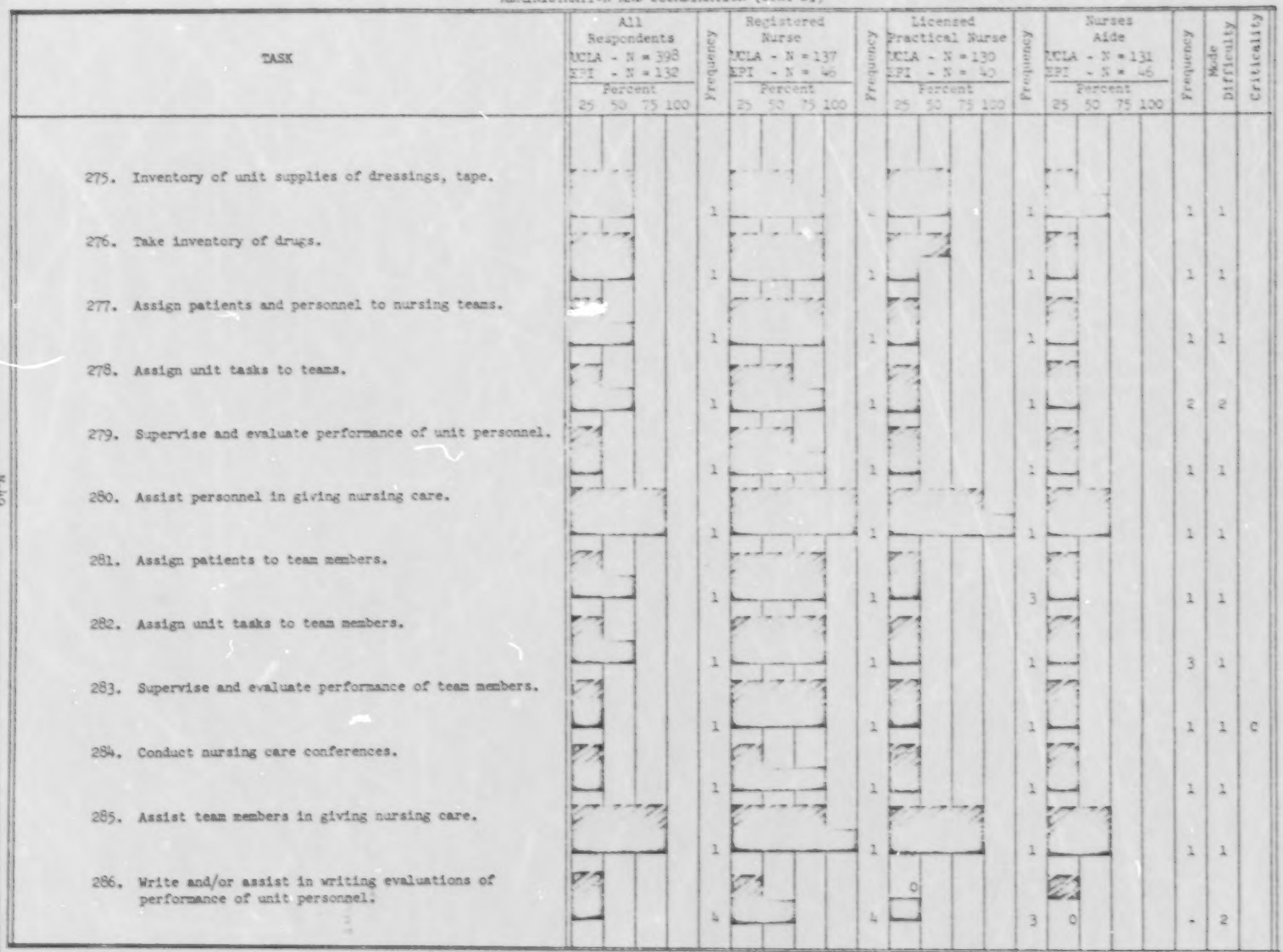
RANK ORDER *

EPI \ UCLA	1	2	3
RN	37 / 39	26 / 25	1 / -
LPN	26 / 28	38 / 36	- / -
NA	1 / -	- / 4	63 / 60

*The Rank Order indicates the number of tasks which are performed by an occupational level with the largest percentage performance (1), second largest percentage performance (2), and the smallest percentage (3).

TASK	All Respondents UCLA - N = 398 EPI - N = 132 Percent 25 50 75 100	Frequency	Registered Nurse UCLA - N = 137 EPI - N = 46 Percent 25 50 75 100	Frequency	Licensed Practical Nurse UCLA - N = 130 EPI - N = 40 Percent 25 50 75 100	Frequency	Nurses Aide UCLA - N = 131 EPI - N = 46 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
263. Analyze nursing care requirements and report staffing needs.		1		1		1		1	1	C
264. Check working order of equipment.		1		1		1		1	1	C
265. Inventory emergency supplies, equipment, drugs.		1		1		3		1	1	C
266. Orient new personnel to unit facilities, routines and other personnel.		4		4		3		4	1	C
267. Inform personnel of new or changed policies and procedures.		3		4		3		1	1	
268. Assist physician with rounds to patients.		1		1		1		3	1	
269. Take and record physician's verbal orders.		1		1		1		3	1	
270. Transcribe physician's orders.		1		1		3		-	1	C
271. Check accuracy in administering and charting treatments and medications, procedures, orders, observations.		1		1		1		1	1	C
272. Take inventory of unit linen.		1		1		1		1	1	
273. Take inventory of unit's stationery supplies.		1		2		2		1	1	
274. Inventory unit's disposable and non-disposable equipment.		1		2		1		1	1	

KEY: = UCLA; = EPI; Criticality: C



TASK	All Respondents UCLA - N = 398 EPI - N = 132 Percent 25 50 75 100	Frequency	Registered Nurse UCLA - N = 137 EPI - N = 46 Percent 25 50 75 100	Frequency	Licensed Practical Nurse UCLA - N = 130 EPI - N = 40 Percent 25 50 75 100	Frequency	Nurses Aide UCLA - N = 131 EPI - N = 46 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
275. Inventory of unit supplies of dressings, tape.		1		1		1		1	1	
276. Take inventory of drugs.		1		2		1		1	1	
277. Assign patients and personnel to nursing teams.		1		1		1		1	1	
278. Assign unit tasks to teams.		1		1		1		2	2	
279. Supervise and evaluate performance of unit personnel.		1		1		1		1	1	
280. Assist personnel in giving nursing care.		1		1		1		1	1	
281. Assign patients to team members.		1		1		3		1	1	
282. Assign unit tasks to team members.		1		1		1		3	1	
283. Supervise and evaluate performance of team members.		1		1		1		1	1	C
284. Conduct nursing care conferences.		1		1		1		1	1	
285. Assist team members in giving nursing care.		1		1		1		1	1	
286. Write and/or assist in writing evaluations of performance of unit personnel.		4		4	0	3	0	-	2	

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

NURSING

ADMINISTRATION AND COORDINATION (CONT'D.)

TASK	All Respondents UCLA - N = 398 EPI - N = 132 Percent 25 50 75 100	Frequency	Registered Nurse UCLA - N = 137 EPI - N = 46 Percent 25 50 75 100	Frequency	Licensed Practical Nurse UCLA - N = 130 EPI - N = 40 Percent 25 50 75 100	Frequency	Nurses Aide UCLA - N = 131 EPI - N = 46 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
287. Schedule activities, e.g., physical therapy.		1		1		1		2	1	
288. Supervise patient participation, e.g., in activities, dances, games.		2		2		1		2	1	
289. Make recommendations for service or referral.		4		4		3		2	2	C
290. Initiate service or referral for patient.		4		1		3		2	1	
291. Prepare requisitions, credits, charges, e.g., equipment, supplies, treatments, procedures, diets.		1		1		1		1	1	
292. Deliver requisitions, credits, charges to other departments.		1		1		1		1	1	
293. Deliver specimens to laboratory.		1		3		1		1	1	

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

NURSING
HOUSEKEEPING FUNCTIONS

TASK	All Respondents UCLA - N = 398 EPI - N = 132 Percent 25 50 75 100	Frequency	Registered Nurse UCLA - N = 137 EPI - N = 46 Percent 25 50 75 100	Frequency	Licensed Practical Nurse UCLA - N = 130 EPI - N = 40 Percent 25 50 75 100	Frequency	Nurses Aide UCLA - N = 131 EPI - N = 46 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
294. Clean patient's unit furniture.		1		1		1		1	1	
295. Clean patient's unit room.		1		1		1		1	1	
296. Clean patient's unit bathroom.		1		1		1		1	1	
297. Clean service areas on unit, e.g. service room, treatment room, utility room, kitchen.		1		1		1		1	1	
298. Clean equipment and utensils, glassware, e.g., suction machine, wash basins, water glasses, pitchers.		1		1		1		1	1	
299. Sterlize equipment and supplies in autoclave, e.g. surgical instruments, linen packs.		1		1		1		2	1	C
300. Sterlize equipment by boiling water or placing in solutions e.g., surgical instruments.		1		1		3		1	1	C
301. Assemble patient linen packs.		1		1		1		1	1	
302. Assemble surgical or obstetrical packs, e.g., linen packs, instrument packs.		1		1		1		1	1	
303. Obtain and deliver supplies and equipment, e.g., sheepskins hot water bottles, suction machines, utensils.		1		1		1		1	1	
304. Stock equipment and supplies, e.g., utensils, paper goods, linen, disposable materials.		1		1		1		1	1	
305. Care for flowers, e.g., arrange and distribute.		3		3		1		3	1	
306. Distribute supplies & equipment to patient's room, e.g., linen, thermometers, dressings, foot boards.		1		1		1		1	1	

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

Administration, Coordination, and Housekeeping Functions

Results:

The tasks in this functional area can be grouped into the following functional sub-categories:

1. Administration and Coordination.
2. Housekeeping Functions.

Tasks in the sub-category of Administration and Coordination fall primarily into one of two areas: tasks for which all levels may be responsible (i.e. general clerical tasks); tasks which should be limited to the Registered Nurse (i.e. tasks involving judgment, analysis, decision-making and directing others). The data indicates a high response of the Licensed Practical Nurse, Nurses Aide for some of those tasks which are felt by the UCLA National Advisory Committee to be the duty of the Registered Nurse (Tasks 263, 266, 271, and 273).

The data for the two samples is comparable. For the most part, the percentage response of the Registered Nurse in both studies is significantly higher for this sub-category. This higher response by Registered Nurses is to be expected.

In the sub-category of housekeeping, the Nurses Aide and Licensed Practical Nurse perform with about the same percentage response. This is a little surprising, as it was expected that the Nurses Aide would be most likely to perform in this area.

Tasks not Performed:

All tasks were performed in this functional area.

Tasks Added:

1. Record observation on patient on Kardex.
2. Orient to clinic facilities.

ADMINISTRATION, COORDINATION & HOUSEKEEPING

AVERAGE PERCENT PERFORMANCE (*) OF

OCCUPATIONAL LEVEL BY FUNCTIONAL AREA

SUBCATEGORY

UCLA / EPI	RN	LPN	NA
Administration and Coordination	44 / 65	25 / 37	12 / 24
Housekeeping	18 / 31	34 / 45	33 / 46
Total Functional Area	36 / 54	28 / 40	18 / 31

(*) The EPI data includes the indication that the task was performed several times per year; whereas the UCLA data does not include this response. Thus, the EPI percentage will be higher.

RANK FOR OCCUPATIONAL CATEGORY

PERFORMING TASKS IN

ADMINISTRATION, COORDINATION & HOUSEKEEPING

RANK ORDER *

EPI \ UCLA	1	2	3
RN	27 / 26	4 / 2	13 / 16
LPN	10 / 8	33 / 34	1 / 2
NA	7 / 11	7 / 8	30 / 25

*The Rank Order indicates the number of tasks which are performed by an occupational level with the largest percentage performance (1), second largest percentage performance (2), and the smallest percentage (3).

Summary

1. The results of the EPI sample, when compared to those obtained in the UCLA study, indicate that the instrument does measure the tasks performed in the Nursing area. Those tasks which were added are really a restatement of the duties which are listed or implied in the tasks of the instrument.

2. There appears to be a difference between the local data and the UCLA data concerning the occupational level performing the tasks. For the functional areas of Safety and Comfort and Nutrition and Elimination, there appears to be a greater reliance locally upon the Registered Nurse, and a resulting lesser reliance on the Nurses Aide than was found in the UCLA study. As was previously mentioned, these functional areas are among those which by tradition defined the duties of a Nurse. The greater reliance upon the Registered Nurse for performance of these tasks may indicate a more traditional viewpoint of the Registered Nurse in Western Pennsylvania than is found in the areas sampled by the UCLA study.

3. The results of the study indicate a significant variance between actual practice on performance of tasks and the designation of occupational level by the UCLA National Advisory Committee. In analyzing those tasks with a performance response of greater than 15% in the total EPI sample, 26 are assigned to the Registered Nurse, and 84 to the Registered Nurse/Licensed Practical Nurse by the UCLA National Advisory Committee. Of this group of tasks, the EPI data indicates agreement (agreement is defined as less than 10% response for the level excluded by the National Advisory Committee) with the National Advisory Committee on 8 tasks for the Registered Nurse exclusively; and 28 tasks for the Registered Nurse/Licensed Practical Nurse designation. Thus, there appears to be a significant overlap of duties between occupational levels, with very few tasks clearly being defined as the responsibility of one level.

4. Considering the above comments, and the fact that of those tasks receiving a significant response, only 12 were not performed by Nurses Aides at all and only 47 received less than 10% response by Nurses Aides, it would appear that the Nurses Aide has a great responsibility. This broad responsibility for the Nurses Aide has not been addressed adequately in existing educational programs. For the most part, the Nurses Aides' education is left to an on-the-job training program, if any training is given at all. This is evidenced by the background data summary which indicates that 60% of the Nurses Aides indicated no specific training. From the EPI initial findings, it would appear that consideration might be given to the possibility of introducing course work at the secondary level for the training of Nurses Aides.

Not analyzed, but perhaps of import in this analysis of the Nurses Aide is

the amount of supervision received in performing the more critical tasks usually assigned to the Registered Nurse. A response to these tasks may have indicated that the Nurses Aide, in reality, assisted a Registered Nurse or Licensed Practical Nurse in performing the task. If this is the case, the results obtained do not necessarily indicate a shift in assignment which is as widespread as it appears initially. Further investigation is necessary before a conclusion can be reached.

5. Further sampling is required for the purpose of determining the extent of the occupational shift (if any), and task performance overlap at health care facilities of various types and sizes.

RESPIRATORY CARE

Overview:

The field of Inhalation Therapy/Respiratory Care is a rapidly growing occupational area within the allied health professions. The field was established in the last decade as an outgrowth of a specialized function performed by nurses. The evidence of this fact is found in the number of trained nurses who are functioning within Inhalation Therapy/Respiratory Care units at the technician level.

The job titles most commonly found in the occupation are:

Administrative

(1) Chief Therapist

Technical

(1) Inhalation Therapist
(2) Inhalation Therapy Technician
(3) Respiratory Care Technician
(4) Inhalation Therapy Aide

Individuals performing the function of Inhalation Therapy/Respiratory Care are generally assigned to departments designated as:

(1) Inhalation Therapy
(2) Respiratory Care
(3) Pulmonary Care
(4) Intensive Care - Cardiac Care

Certification of individuals in the area involves one of the following certificates:

(1) American Registry Inhalation Therapist (ARIT)
(2) Certified Inhalation Therapy Technician (CITT)
(3) Cardiopulmonary Technician (CPI)

It is of interest to note that although the certification is accepted by professionals in the field as a definition of the job title, the actual practice observed in both the UCLA and the EPI samples does not coincide with this definition. The professionals define the Inhalation Therapist as one who possesses the ARIT certificate and the Inhalation Therapy Technician as one who possesses the CITT certificate. The difference of the definition and observed results points to the question as to which designation, (certificate or job title), more accurately portrays the actual function of the individual within a hospital.

RESPIRATORY CARE

Summary of Background Data

Background Data		All Respondents		Administrators/ Supervisors		Therapists		Technicians		Aides/Orderlies		Nurses	
		EPI	UCLA	EPI	UCLA	EPI	UCLA	EPI	UCLA	EPI	UCLA	EPI	UCLA
1. Sample Size		23	176	4	38	3	36	12	58	2	18	2	5
2. Sex	Male	8	-	3	-	2	-	2	-	1	-	-	-
	Female	15	-	1	-	1	-	10	-	1	-	2	-
3. Age	Mean	32.7	-	31.7	30.5	26.7	25.6	32.7	28.3	20.5	28.7	50	29.0
4. Years in Position	Mean	2.7	-	2.7	2.4	4.7	2.6	2.5	2.1	1.5	2.0	2	1.4
5. Highest Level of Education													
Less than High School		1	3	-	-	-	-	1	1	-	1	-	-
High School or Equivalent		10	54	1	6	1	11	7	24	-	6	1	-
Some College		10	73	2	21	1	16	4	21	2	10	1	-
Associate Degree		2	17	1	7	1	5	-	3	-	-	-	-
Bachelor's Degree		-	13	-	2	-	3	-	6	-	-	-	1
Master's Degree		-	1	-	-	-	-	-	-	-	-	-	-
Other		-	8	-	2	-	-	-	2	-	-	-	4
No Answer		-	7	-	-	-	1	-	1	-	1	-	-
6. Technical or Training Programs													
On-the-Job		7	-	1	-	1	-	6	-	1	-	-	-
Military		2	-	-	-	-	-	1	-	-	-	-	-
Manufacturers		2	-	1	-	1	-	1	-	-	-	-	-
Vocational School		-	-	-	-	1	-	-	-	-	-	-	-
Certificate or Diploma		15	-	3	-	3	-	6	-	1	-	2	-
Other		2	-	-	-	-	-	-	-	-	-	-	-
None or No Answer		-	-	-	-	-	-	-	-	1	-	-	-
7. Certification													
AHIT		2	28	2	19	-	7	-	2	-	-	-	-
CITT		3	16	-	2	3	2	-	4	-	-	-	-
CPI		-	11	-	2	-	8	-	1	-	-	-	-
Nurse		7	9	-	3	-	-	5	7	-	-	2	4
None		11	112	-	12	-	19	7	44	2	18	-	-
8. Annual Salary													
Less than 2,000		-	-	-	-	-	-	-	-	-	-	-	-
2,000 - 3,999		-	-	-	-	-	-	-	Mode	-	Mode	-	-
4,000 - 5,999		11	-	-	-	-	-	8	Mode	2	-	1	-
6,000 - 7,999		6	-	1	-	2	Mode	3	-	-	-	-	Mode
8,000 - 9,999		2	-	1	Mode	1	-	-	-	-	-	-	-
10,000 - 11,999		2	-	1	-	-	-	-	-	-	-	1	-
12,000 - 15,000		-	-	-	-	-	-	-	-	-	-	-	-
More than 15,000		-	-	-	-	-	-	-	-	-	-	-	-
No Answer		2	-	1	-	-	-	1	-	-	-	-	-

EPI Sample:

The target population for the initial EPI survey was the individuals operating at the technical level. This group involves those functioning as Inhalation Therapists, Inhalation Therapy/Respiratory Care Technicians, and Inhalation Therapy Aides. Of the total sample of 23, 17 were of this category. Also included were 3 Administrators and 2 Nurses. The nurses were omitted from the comparative task analysis because their duties are more properly measured using the nursing instrument.

The EPI sample indicates no individuals functioning at the technician level with ART or CITT certification. On the other hand, approximately 13% of the technicians in the UCLA study held such certification. In addition, 30% of the technicians in the local sample hold a certificate in nursing as compared to 6% in the UCLA study.

Results of the Task Analysis in Inhalation Therapy/Respiratory Care:

The findings of the task analysis are presented in the following pages. In addition to the EPI sample results, comparative data from the UCLA study is presented. The task presentation is grouped into the same format as was used in the UCLA report on Respiratory Care/Inhalation Therapy. The functional grouping is:

1. Administrative and Supervisory
2. Education, Training and Research
3. Diagnostic Techniques
4. Therapeutic Techniques
5. Clerical Miscellaneous

Although the instrument included responses relating to equipment maintenance, the analysis of this data is not presented in this report. It is recognized that those tasks relating to equipment are an important part of the tasks performed by individuals in the Respiratory Care area. As a result of this factor, future analysis will include those tasks relating to equipment.

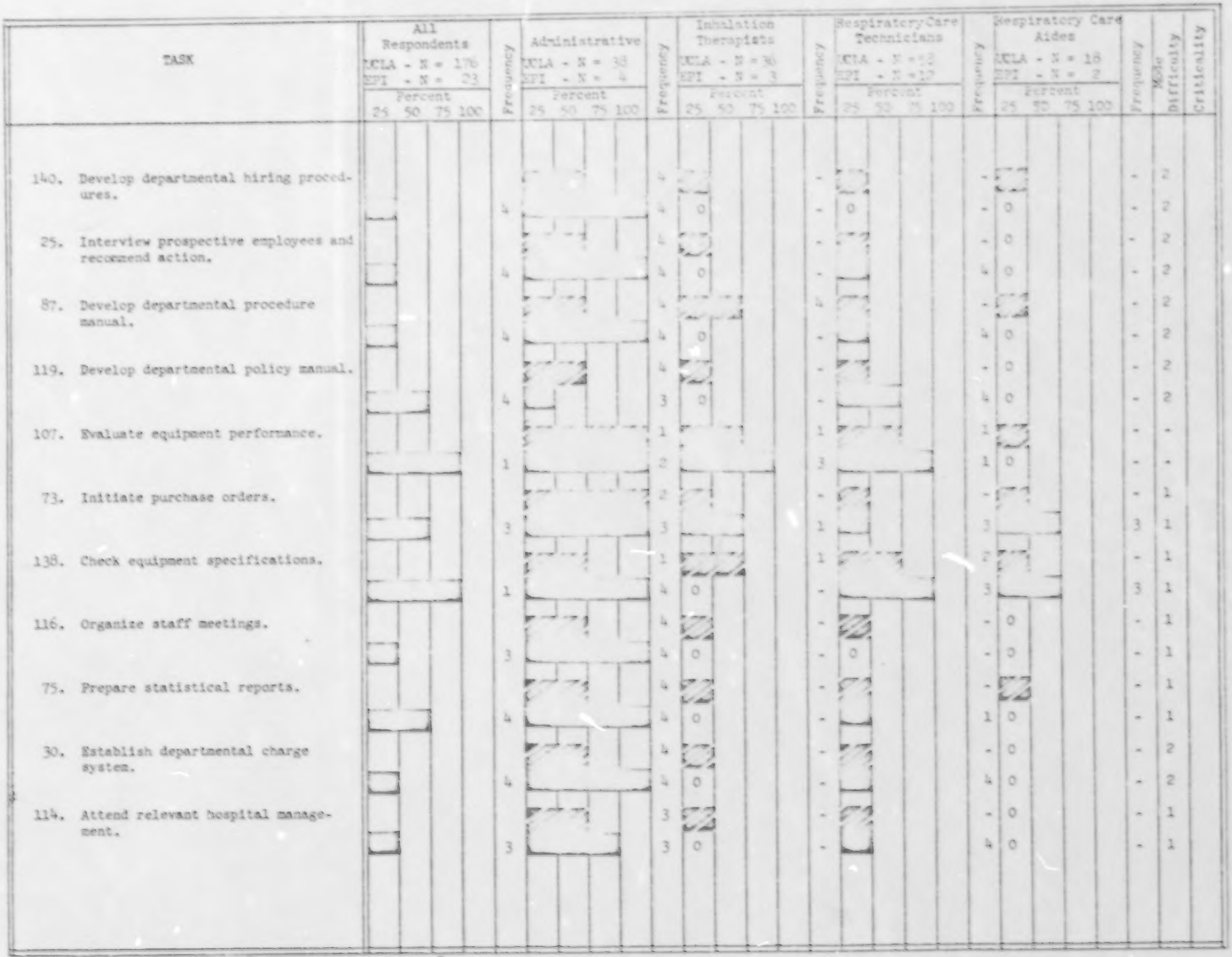
The data for the UCLA study was presented in a slightly different manner than that which was chosen for this study. The percentage response for the UCLA survey was broken down into the following:

(1) 1 - 24% perform task
(2) 25 - 74% perform task
(3) 75 - 100% perform task

Since this does not agree with the EPI data presentation, the 25 - 74% group is indicated as a 50% performance in the following charts.

TASK	All Respondents UCLA - N = 176 EPI - N = 23 Percent 25 50 75 100	Frequency	Administrative UCLA - N = 38 EPI - N = 4 Percent 25 50 75 100	Frequency	Inhalation Therapists UCLA - N = 36 EPI - N = 3 Percent 25 50 75 100	Frequency	Respiratory Care Technicians UCLA - N = 58 EPI - N = 12 Percent 25 50 75 100	Frequency	Respiratory Care Aides UCLA - N = 18 EPI - N = 2 Percent 25 50 75 100	Frequency	Mode	Difficulty	Criticality
106. Supervise departmental public relations and information service		2		1		-		-		-		2	
57. Establish and maintain safety standards.		1		1		3		3	0	-		2	
82. Establish and maintain standards of hygiene.		1		1		1		1		1		1	
59. Establish an inventory system.		1		1	0	-		1		1		1	
142. Perform inventory of supplies and equipment.		4		4	0	-		1		-		2	
10. Plan departmental work flow.		2		3		4		3		2		1	
117. Plan space requirements.		1		1		2		4		2		1	
69. Coordinate work schedules with other departments.		1		1	0	-		-		-		1	
14. Draft departmental budget estimates.		3		3	0	-	0	-	0	-		2	
11. Draft job descriptions.		2		2		1		-		-		1	
7. Determine staff requirements.		2		2	0	-		-	0	-		2	
72. Develop departmental evaluation procedures.		4		4		4		-	0	-		2	
		4		4	0	-		-	0	-		2	
		4		4		-		-	0	-		2	
		4		4	0	-		-	0	-		2	
		3		1	0	-		-	0	-		2	
		4		4	0	-	0	-	0	-		2	

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C



KEY: ▨ = UCLA; ▭ = EPI; Criticality:

Administrative and Supervisory Tasks

Results:

The results of the EPI survey compare favorably with those of the UCLA survey for tasks in the Administrative and Supervisory category. Somewhat surprising was the percentage of respondents at the technician level who indicate that they are performing administrative tasks. This was particularly the case in the EPI sample for Task 69, coordinate work schedules with other departments; and, Task 7, determine staff requirements. This may be a result of the inclusion in the study of small rural hospitals where only a few individuals are responsible for the function of Respiratory Care and, as a result, perform as well as administer the function.

No significant differences were noted between the samples in the frequency of task performance.

Tasks not Performed:

All tasks in the category were performed by at least one respondent in the EPI sample.

Tasks Added:

1. Determine coverage and distribution of services

   (a) Number of hours daily
   (b) Hospital areas
   (c) Personnel:

      (1) Work time schedules
      (2) Assignment

2. Set up policies for:

   (a) Patient care: emergency, routine and special
   (b) Equipment: purchasing, distribution and maintenance
   (c) Records:

      (1) Patient charts
      (2) Billing
      (3) Equipment inventory
      (4) Controllers record

The tasks added above are a rephrase in more detail of the tasks listed in the inventory as numbers 10, 69, 7, 87, and 119.

RESPIRATORY CARE
EDUCATION - TRAINING - RESEARCH TASKS

TASK	All Respondents UCLA - N = 176 EPI - N = 24 Percent 25 50 75 100	Frequency	Administrative UCLA - N = 38 EPI - N = 4 Percent 25 50 75 100	Frequency	Inhalation Therapists UCLA - N = 36 EPI - N = 3 Percent 25 50 75 100	Frequency	Respiratory Care Technicians UCLA - N = 38 EPI - N = 12 Percent 25 50 75 100	Frequency	Respiratory Care Aides UCLA - N = 14 EPI - N = Percent 25 50 75 100	Frequency	Mean difficulty	Criticality
47. Conduct or assist in research.		1		3		4		-		-	2	
76. Teach inhalation therapy procedures:		1		1		4		3		1	2	
77. a. Patients (e.g., postural drainage).		1		1		2		1		-	1	
78. b. Department members		1		2	0	-		4		2	1	
79. c. Clinical students		4		1		4		3		-	1	
80. d. Nursing staff		4		1	0	-		4		3	1	
81. e. Medical staff		3		3		2		3		-	2	
90. Teach safety techniques.		4		4	0	-		3		2	1	
141. Participate in relevant community health projects.		1		1		1		-	0	-	2	
48. Participate in "health career" promotion.		1		2	0	-		-	0	-	2	
29. Orient new employees to hospital and departmental procedures.		3		4	0	-		-	0	-	2	
83. Develop education and/or training programs:		4		4		4		3		1	2	
		4		4		4		4		4	1	
		4		3		4		4		-	1	
		3		4	0	-		-	3 0	-	2	

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

TASK	All Respondents UCLA - N = 176 EPI - N = 23 Percent 25 50 75 100	Frequency	Administrative UCLA - N = 38 EPI - N = 4 Percent 25 50 75 100	Frequency	Inhalation Therapists UCLA - N = 36 EPI - N = 3 Percent 25 50 75 100	Frequency	Respiratory Care Technicians UCLA - N = 58 EPI - N = 12 Percent 25 50 75 100	Frequency	Respiratory Care Aides UCLA - N = 18 EPI - N = 2 Percent 25 50 75 100	Frequency	Mean Difficulty	Criticality
84. a. On-the-job training programs		3		4	0	-		-	0	-	2	
85. b. In-service training programs		4		3	0	-		1	0	-	2	
86. c. Inhalation therapy school programs		2		4	0	-		-	0	-	1	
62. Design and implement home care programs.		4		4	0	-		-	0	-	2	
				2	0	-	0	-	0	-	2	
				4	0	-		-		-	2	
				4	0	-		4	0	-	2	

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

Education, Training and Research

Results:

With the exception of Task 47, conduct or assist in research, all of the other 15 tasks in the group relate to education and training. The results of this task group are as expected with the UCLA and EPI samples compering favorably.

There appears to be a significant involvement of technicians in the tasks which relate to the actual training of individuals in other departments. This indicates the advisability of including some coverage of teaching methods and public speaking in the technicians curriculum.

Tasks not Performed:

All tasks in the category were performed by at least one respondent in the EPI sample.

Tasks Added:

No tasks were added in this category.

TASK	All Respondents UCLA - N = 176 EPI - N = 23 Percent 25 50 75 100	Frequency	Administrative UCLA - N = 38 EPI - N = 4 Percent 25 50 75 100	Frequency	Inhalation Therapists UCLA - N = 36 EPI - N = 3 Percent 25 50 75 100	Frequency	Respiratory Care Technicians UCLA - N = 58 EPI - N = 12 Percent 25 50 75 100	Frequency	Respiratory Care Aides UCLA - N = 18 EPI - N = 2 Percent 25 50 75 100	Frequency	% Difficulty	Criticality
37. Operate ECG recorder.		-		-		-		-		-	1	
121. Perform gas analysis:		4	0	-	0	-	0	-		-	1	
122. a. Simple		1		1		2		4		1	3	
123. b. Multiple		1	0	-	0	-		-	0	-	1	
124. c. Blood gas tensions		1	0	-	0	-		-	0	-	1	
139. Operate pressure transducers.		1		1		1		-		1	3	
38. Administer and assist in exercise testing.		1	0	-	0	-		-	0	-	1	
137. Measure blood pH.		1		4		3		-		1	1	
23. Operate multi-channel recorder (s).		2		1		1		-		2	1	
15. Operate telemetry systems.		1		-		1		-	0	-	1	
12. Assist with cardiac catheterization.	0	-	0	-	0	-	0	-	0	-	-	
41. Perform calculations for pulmonary function tests.		3	0	-	0	-	0	-	0	-	-	
		1		2		1		2		1	3	1

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

RESPIRATORY CARE
DIAGNOSTIC TECHNIQUES (Cont'd.)

TASK	All Respondents UCLA - N = 176 EPI - N = 23 Percent 25 50 75 100	Frequency	Administrative UCLA - N = 38 EPI - N = 4 Percent 25 50 75 100	Frequency	Inhalation Therapists UCLA - N = 36 EPI - N = 3 Percent 25 50 75 100	Frequency	Respiratory Care Technicians UCLA - N = 58 EPI - N = 12 Percent 25 50 75 100	Frequency	Respiratory Care Aides UCLA - N = 18 EPI - N = 2 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
125. Compare pulmonary function test results with norms.		2		2		-		-		-	2	
24. Induce and collect sputum samples.		2		2		2		1		3	2	
115. Collect tracheal-bronchial secretions.		4		4		2		2		1	1	
139. Perform and assist with arterial punctures.		2		2		1		3		-	1	
89. Measure vital signs.		2		3		3		2		2	1	
22. Evaluate vital signs.		3		3		-		2		-	1	
112. Recognize artifacts in ECG records.		3		4	0	-	0	-		3	1	
70. Identify wave forms of ECG.		1		1		1		1		-	1	
2. Perform auscultation.		1		2		1		1	0	-	1	
91. Perform pulmonary function tests.		2		2		2		2		2	1	
92. a. Functional residual capacity		1		1		1		1		-	1	
93. 1. Nitrogen wash-out		2		2		2		3		2	2	
		2		2	0	-	0	-		-	2	
		1		-		-	0	-	0	-	-	
		1		1	0	-	0	-	0	-	-	

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

	TASK	All Respondents UCLA - N = 176 EPI - N = 23 Percent 25 50 75 100	Frequency	Administrative UCLA - N = 38 EPI - N = 4 Percent 25 50 75 100	Frequency	Inhalation Therapists UCLA - N = 36 EPI - N = 3 Percent 25 50 75 100	Frequency	Respiratory Care Technicians UCLA - N = 58 EPI - N = 12 Percent 25 50 75 100	Frequency	Respiratory Care Aides UCLA - N = 18 EPI - N = 2 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
94.	2. Helium dilution		1		-		-		-		-	1	
95.	3. Body box (Plethysmograph)		-		1		1		-		-	1	
96.	b. Spirometry		2		-		-		-		-	-	
97.	1. (Forced) vital capacity		2		2		2		4		2	1	
98.	2. Slow vital capacity		2		2		2		3		1	1	
99.	3. Bedside spirometry		2		1		1		3		1	1	
100.	c. Maximum voluntary ventilation (MVC)		1		2		3		4		2	1	
101.	d. Expired air collection and analysis		2		2		2		4		2	1	
102.	e. Diffusion capacity		4		1		1		4		3	2	
103.	f. Compliance measurements		1		-		-		-		-	2	
104.	g. Airway resistance measurements		-		0		0		-		-	1	
105.	h. Measure alveolar p CO_2		3		0		0		-		-	1	
			2		0		0		-		-	2	

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

TASK	All Respondents UCLA - N = 176 EPI - N = 23 Percent 25 50 75 100	Frequency	Administrative UCLA - N = 38 EPI - N = 4 Percent 25 50 75 100	Frequency	Inhalation Therapists UCLA - N = 36 EPI - N = 3 Percent 25 50 75 100	Frequency	Respiratory Care Technicians UCLA - N = 58 EPI - N = 12 Percent 25 50 75 100	Frequency	Respiratory Care Aides UCLA - N = 18 EPI - N = 2 Percent 25 50 75 100	Frequency	Index Difficulty	Criticality
127. l. Estimate arterial p CO_2		4		-		-		-		-	3	
				3	0	-	0	-		4	3	
128. j. Measure cardiac output		4		-	0	-		-	0	-	2	
				4	0	-	0	-		4	2	
129. l. Fick principle		4		-	0	-		-	0	-	2	
				4	0	-	0	-		4	2	
130. 2. Indicator dilution technique	0	-	0	-	0	-	0	-	0	-	-	
131. 3. Plethysmography	0	-	0	-	0	-	0	-	0	-	-	
132. k. Pneumotachometer	0	-	0	-	0	-	0	-	0	-	-	
133. l. Radioactive gas techniques (ventilation/perfusion)	0	-	0	-	0	-	0	-	0	-	-	

KEY: ▨ = UCLA; ☐ = EPI; Criticality: C

Diagnostic Techniques

Results:

In the Respiratory Care Technician group, there appears to be a significant difference in the number of tasks in the category performed by the UCLA sample versus the EPI group. Of the 43 tasks in this category, technicians in the UCLA survey indicated performing 38 tasks, while the technicians in the EPI sample indicated performing only 23. Of the 20 tasks not performed by technicians in the EPI sample, 7 were not performed by anyone in the total EPI samples. It was interesting that the Aide/Orderly group indicated performing 8 of the 20 tasks not performed by technicians.

Further analysis of these facts is necessary before any conclusions can be drawn. It is possible that the data indicates a different stage of development in the state of the art in Respiratory Care for Western Pennsylvania than that which was found in the UCLA survey.

In general, the comparison of the other tasks in the category yields no significant differences between the two groups.

Tasks not Performed:

15	Operate telemetry system(s)
95	Pulmonary function test; body box (Plethysmograph)
103	Pulmonary function test; compliance measurements
130	Measure cardiac output; indicator dilution technique
131	Measure cardiac output; Plethysmography
132	Pulmonary function test; Pneumotachometer
133	Pulmonary function tests; Radioactive gas techniques (ventilation/perfusion)

It is noted that 6 of the 7 tasks not performed are in the pulmonary function category. One of the tasks, Radioactive gas techniques (Task 133), was not performed by any respondents in either the EPI or UCLA survey.

Tasks Added:

No tasks were added in this category.

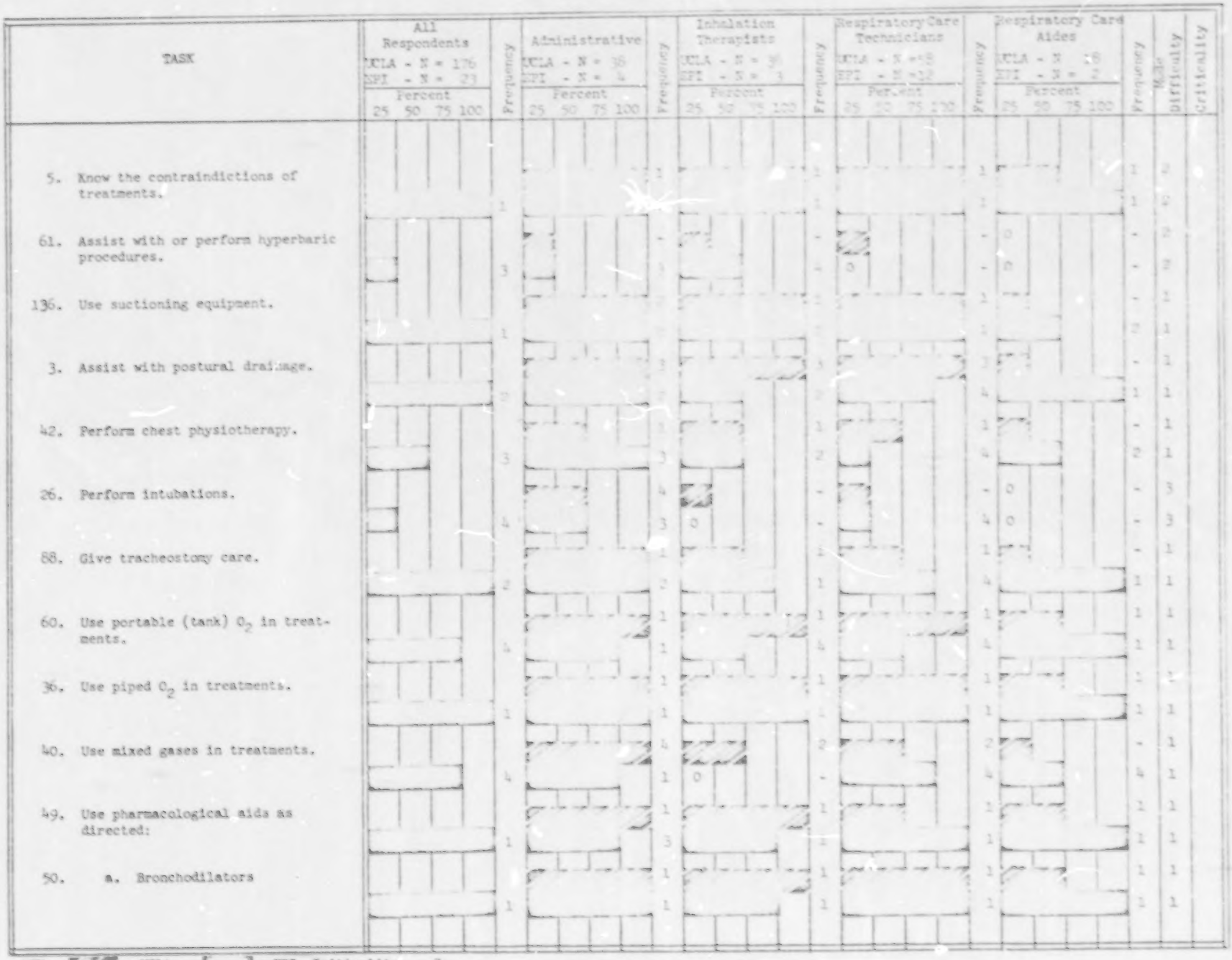
TASK	All Respondents UCLA - N = 176 EPI - N = 73 Percent 25 50 75 100	Frequency	Administrative UCLA - N = 38 EPI - N = 4 Percent 25 50 75 100	Frequency	Inhalation Therapists UCLA - N = 30 EPI - N = 3 Percent 25 50 75 100	Frequency	Respiratory Care Technicians UCLA - N = 98 EPI - N = 10 Percent 25 50 75 100	Frequency	Respiratory Care Aides UCLA - N = 28 EPI - N = 6 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
9. Operate defibrillator:		4		4		-		-		-	2	
		4		2	0	-		4		3	2	
32. Operate respirators:		1		1		1		1		1	2	
		1		1		1		1		1	2	
33. a. Treatment (IPPB)		1		1		1		1		1	1	
		1		1		1		1		1	1	
34. b. Assisters		1		1		1		1		4	2	
		3		1		1		1		1	2	
35. c. Controllers		1		1		1		1		4	2	
		1		1		1		1		2	2	
108. Aerosol generators:		1		1		1		1		2	-	
		1		1		1		1		1	-	
109. a. Vaporizers (steam)		1		1		1		1		4	-	
		1		1		1		1		1	-	
110. b. Bubbler type		1		1		1		1		1	-	
		1		1		1		1		1	-	
111. c. Jet type		1		1		1		1		1	-	
		1		1		1		1		1	-	
118. Administer or assist with exercise conditioning.		2		2		-		-		-	2	
		1		3	0	-		1	0	-	2	
16. Humidifiers:		1		1		1		1		1	1	
		1		1		1		1		1	1	
17. a. Nebulizer type		1		1		1		1		1	1	
		1		1		1		1		1	1	

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

TASK	All Respondents UCLA - N = 176 EPI - N = 23 Percent 25 50 75 100	Frequency	Administrative UCLA - N = 38 EPI - N = 4 Percent 25 50 75 100	Frequency	Inhalation Therapists UCLA - N = 36 EPI - N = 3 Percent 25 50 75 100	Frequency	Respiratory Care Technicians UCLA - N = 58 EPI - N = 12 Percent 25 50 75 100	Frequency	Respiratory Care Aides UCLA - N = 18 EPI - N = 2 Percent 25 50 75 100	Frequency	Hard Difficulty*	Criticality
18. b. Centrifuge type		2		1		1		-		1	1	
19. c. Ultrasonic type		1		1		1		3		2	-	
64. O_2 Administration:		1		1		1		1		1	1	
65. a. Nasal devices		1		1		2		1		1	1	
66. b. Masks		1		1		1		1		1	1	
67. c. Tents		1		1		2		1		1	1	
68. d. Incubators		2		1		1		1		1	1	
31. Operate CO_2 rebreathers.		1	0	-	0	-	0	-		-	1	-
134. Perform closed chest cardiac massage (emergency care).		4		4		4		4		3	1	
21. Perform artificial respiration.		3		1		1		1		1	1	
144. Recognize expected reactions to treatment.		3		3		3		3		3	1	
46. Recognize complications of/or adverse reactions to treatments.		1		1		2		2		2	3	2
		1		1		1		1		1	1	2

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

RESPIRATORY CARE
THERAPEUTIC TASKS (Cont'd.)



TASK	All Respondents UCLA - N = 176 EPI - N = 21 Percent 25 50 75 100	Frequency	Administrative UCLA - N = 16 EPI - N = 4 Percent 25 50 75 100	Frequency	Inhalation Therapists UCLA - N = 36 EPI - N = 3 Percent 25 50 75 100	Frequency	Respiratory Care Technicians UCLA - N = 48 EPI - N = 12 Percent 25 50 75 100	Frequency	Respiratory Care Aides UCLA - N = 18 EPI - N = 2 Percent 25 50 75 100	Frequency	Difficulty	Criticality
5. Know the contraindictions of treatments.		1		1		1		1		1	2	
61. Assist with or perform hyperbaric procedures.		1		1		-		-		-	2	
136. Use suctioning equipment.		3		3		4		-		-	2	
3. Assist with postural drainage.		1		1		1		1		-	1	
42. Perform chest physiotherapy.		2		2		3		1		1	1	
26. Perform intubations.		3		3		4		2		2	1	
88. Give tracheostomy care.		4		4		-		-		-	3	
60. Use portable (tank) O_2 in treatments.		2		3		3		-		-	3	
36. Use piped O_2 in treatments.		4		2		1		1		1	1	
40. Use mixed gases in treatments.		1		1		1		1		1	1	
49. Use pharmacological aids as directed:		4		4		1		1		1	1	
50. a. Bronchodilators		1		1		3		1		1	1	
		1		1		1		1		1	1	

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

TASK	All Respondents UCLA - N = 176 EPI - N = 23 Percent 25 50 75 100	Frequency	Administrative UCLA - N = 38 EPI - N = 4 Percent 25 50 75 100	Frequency	Inhalation Therapists UCLA - N = 36 EPI - N = 3 Percent 25 50 75 100	Frequency	Respiratory Care Technicians UCLA - N = 58 EPI - N = 16 Percent 25 50 75 100	Frequency	Respiratory Care Aides UCLA - N = 18 EPI - N = 2 Percent 25 50 75 100	Frequency	Mode difficulty	criticality
51. Detergents		1		1		1		1		1	1	
		1		1		2		1	0	-	1	
52. c. Mucolytics		1		1		1		1		1	1	
		1		1		1		1		1	1	
53. d. Proteolytic enzymes		4		4		4		4		-	1	
		1		1	0	-		1	0	-	1	
54. e. Antibiotics		4		4		4		4		-	1	
		2		3		4		4	0	-	1	
55. f. Steroids		4		4		4		3		-	1	
		1		1		3		4	0	-	1	
56. g. Antifoam agents		2		2		2		1		4	1	
		4		2		4		4	0	-	1	
1. Apply sterile techniques		2		2		1		1		1	1	
		1		2		1		1		1	1	

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

Therapeutic Techniques

Results:

For the most part, the tasks listed in this category represent the day-to-day activities of the Respiratory Care personnel. As a result, most of the tasks in the category are performed by a large percentage of the respondents of the technician group.

The comparison of the data from the UCIA study with that of the EPI study yields no particularly significant differences. It would appear that local practice in the therapeutic category of Respiratory Care is in agreement with the practice indicated in the UCLA study.

Tasks not Performed:

All tasks in this category were performed by at least one respondent in the EPI survey.

Tasks Added:

1. Out-patient treatment
2. Out-patient ultrasonic treatment

TASK	All Respondents UCLA - N = 176 KPI - N = 23 Percent 25 50 75 100	Frequency	Administrative UCLA - N = 38 KPI - N = 4 Percent 25 50 75 100	Frequency	Inhalation Therapists UCLA - N = 95 KPI - N = 3 Percent 25 50 75 100	Frequency	Respiratory Care Technicians UCLA - N = 58 KPI - N = 12 Percent 25 50 75 100	Frequency	Respiratory Care Aides UCLA - N = 18 KPI - N = 2 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
58. Plan own work flow.		1		1		1		2		1	2	1
13. Maintain physical condition of facilities and equipment.		1		1		1		3		1	1	1
45. Schedule appointments with patients.		1		1		1		1		1	1	1
71. Answer telephone.		2		1		1		1		2	1	1
63. Transport patients.		1		1		1		1		1	2	1
28. Mount ECG records.		2		2		2		3		2	2	1
4. Use isolation techniques.	0	-	0	-	0	-	0	-	0	-	-	1
120. Service O_2 delivery system.		3		2		3		2		3	3	1
74. Maintain anesthetic gas supply.		1		-		1		-		-	2	1
6. Use hypothermic technique(s).		1		3	0	-		4		-	-	1
8. Alter respirator settings on basis of blood gas data.		4		4	0	-	0	-		-	-	1
113. Alter respirator settings on basis of observations.		1		1		1		1		2	2	2
		1		1		1		1		1	1	1
		1		1		1		2		1	1	1

KEY: ▨ = UCLA; ▭ = KPI; Criticality: C

TASK	All Respondents UCLA - N = 176 EPI - N = 23 Percent 25 50 75 100	Frequency	Administrative UCLA - N = 58 EPI - N = 4 Percent 25 50 75 100	Frequency	Inhalation Therapists UCLA - N = 86 EPI - N = 1 Percent 25 50 75 100	Frequency	Respiratory Care Technicians UCLA - N = 55 EPI - N = 17 Percent 25 50 75 100	Frequency	Respiratory Care Aides UCLA - N = 18 EPI - N = 2 Percent 25 50 75 100	Frequency Mode	Difficulty	Criticality
143. Improvise or modify equipment for special requirements.		4		3		3		3		3	2	
44. Stock and dispense cylinder gas.		1		1		1		1		2	1	
27. Stock departmental drugs.		1		1		1		1		1	1	
43. Mix and measure drug doses which you use.		3		2		2		2		3	1	
135. Report treatment given on patients' charts.		1		1		1		1		1	1	
20. Read patients' charts.		1		1		1		1		1	1	
		1		1		1		1		1	1	

KEY: ▨ = UCLA; ☐ = EPI; Criticality: C

Clerical and Miscellaneous Tasks

Results:

In the main, the results of the EPI study do not differ significantly from those obtained in the UCLA study. It is observed that 41% of the technicians in the local sample, service O_2 delivery systems (Task 120), while less than 25% of the UCLA sample perform this task. This may be the result of the large group of small rural hospitals included in the EPI sample where such service functions are performed by technicians.

Tasks not Performed:

All tasks in this category were performed by at least one respondent in the sample.

Tasks Added:

1. Apply charging procedures
2. Record and charge O_2 used
3. Collect O_2 time and charges

The above tasks relate to the clerical function of gathering patient charges for oxygen. Five respondents added these tasks which indicates the need for inclusion of the tasks in future surveys. It is interesting that these tasks were not added by the respondents of the UCLA survey. This may indicate a local practice of having technicians submit patient oxygen charges which is not found in the other areas of the nation.

MODAL DIFFICULTY SCORES FOR 111 TASKS

UCLA AND EPI STUDIES

UCLA

DIFFICULTY SCORES*	1	2	3	TOTAL
1	63	9	1	73
2	5	28	5	38
3	0	0	0	0
TOTAL	68	37	6	111

EPI

In general, there seems to be good agreement in the way the two groups of respondents rated the task difficulties, although there is a slight tendency for the EPI respondents to assess the task less difficult than those in the UCLA study. Thus, for the 111 (out of 144) tasks for which comparisons can be made, 6 were given modal difficulty scores of 3, whereas none of the tasks merited a mode greater than 2 from the group of EPI respondents.

*Difficulty Scores:

1 = Easy

2 = Moderate

3 = Difficult

Summary

The results of the EPI survey seem to validate the results obtained in the UCLA study. This indicates that the instrument used is complete (with the exception of patient billing) and is a valid tool for use in the assessment of the functions being performed in the field.

The percent of respondents of the EPI sample at the technician level holding nursing certification, as well as the lack of ARIT and CITT certification, appears to point out a difference in local practice versus that found in the UCLA study. The data indicates that the local practice is to view the Inhalation Therapy department as an extension of the nursing service rather than a discipline itself. Data gathered in the nursing sample, relating to the patient's need for oxygen seems to verify this observation since a much larger response to these nursing tasks was obtained in the local survey. When one looks at the number of special courses being offered in Western Pennsylvania for Inhalation Therapists, it seems likely that this viewpoint may be a result of the lack of specialized training available in the area (two hospitals and one community college offer courses in Inhalation Therapy).

One of the conclusions of the UCLA study was that there was "little differentiation" in the performance of the tasks between occupational levels. Since the local study did not include sufficient numbers of individuals classified as Inhalation Therapists, Administrators or Aides, local conclusions cannot be reached concerning the validity of the UCLA statement. The same statement can be made relating to the UCLA conclusion that a well-defined career ladder in the field does not exist. Through further sampling state-wide, with more emphasis on the other occupational groups (Administrators, Therapists, Aides), a validation of these conclusions may be possible.

The UCLA conclusion that the existence of Respiratory Care/Inhalation Therapy departments is related to hospital size and that there is an absence of such departments in extended care facilities is in some degree substantiated by the local data. However, this conclusion is modified by the fact that the Respiratory Care function does exist in all of the hospitals in the study with the extended care facility presently in the process of creating such a department. The data does indicate that the departments are small and are viewed more as a specialized extension of the nursing function.

RADIOLOGY

Overview:

The occupational area of Radiology includes both diagnostic and therapeutic technology. The basic job titles which are included in the field are:

Administrative

(1) Chief of Radiology
(2) Chief Radiologist
(3) Radiologist
(4) Chief Radiology Technology
(5) Chief X-ray Technologist

Technical

(1) Radiology Technician
(2) X-ray Technician
(3) X-ray Technician Aide
(4) Dark Room Technician
(5) Developer

Individuals working in this area are usually found to be working in departments with the designation of:

(1) Radiology Department
(2) X-Ray Department
(3) Nuclear Medicine

Certification in the occupational area includes:

(1) Registered X-ray Technologist (RT)
(2) American Registry of Radiologic Technologists (ARRT)
(3) Medical Doctor

EPI Sample:

The basic objective of the survey was to obtain data for persons in the technical area particularly in the position of Radiology Technician (or Staff Technologist). The results of the survey indicate 20 individuals of the total sample of 23 in this category. Also included in the sample are two administrative personnel and a Dark Room Technologist. Although the results of the survey submitted by these two groups are included in the data presentation, the size of the sample is too

small to be of significance. Included in the technician sample was one individual with a major responsibility in the area of radiation therapy.

The great number of individuals in the sample were certified as either an RT or ARRT. This was expected. The average age (27.8) and number of years in the present position (4) for the Radiology Technician group indicates a relatively stable group. This could be misleading as the survey distribution may have been biased toward individuals having greater seniority in the position.

Results of the Task Analysis in Radiology:

In the following charts the results of the task analysis is presented. The comparative results of the UCLA survey were not available at the time of printing of this report. The data for those in the administrative area and the Dark Room Technologist are presented although the results are not significant. The tasks are grouped into the following :

1. Radiology Tasks
2. Clerical Tasks
3. Administrative Tasks
4. Research Tasks
5. Miscellaneous Tasks

RADIOLOGY

Summary of Background Data

Background Data		All Respondents EPI	Administrative EPI	Radiology Technician EPI	Dark Room Technician EPI
1. Sample Size		23	2	20	1
2. Sex	Male	2	2	-	-
	Female	21	-	20	1
3. Age	Mean	30.2	43	27.8	53
4. Years in Position	Mean	4.3	4	4	2
5. Highest Level of Education					
Less than High School		-	-	-	-
High School or Equivalent		16	-	15	1
Some College		5	1	4	-
Associate Degree		1	-	1	-
Bachelor's Degree		1	1	-	-
Master's Degree		-	-	-	-
Other		-	-	-	-
No Answer		-	-	-	-
6. Technical or Training Programs					
On-the-Job		1	-	-	1
Military		-	-	-	-
Manufacturers		-	-	-	-
Vocational School		-	-	-	-
Certificate or Diploma		21	1	20	-
Other		3	-	-	-
None		-	1	-	-
7. Certification					
Registered X-ray Technician		7	2	5	-
ARRT		14	-	14	-
None		2	-	1	1
No Answer		1	-	-	1
8. Annual Salary					
Less than 2,000		-	-	-	-
2,000 - 3,999		-	-	-	-
4,000 - 5,999		4	-	3	1
6,000 - 7,999		12	-	12	-
8,000 - 9,999		5	1	4	-
10,000 - 11,999		1	-	1	-
12,000 - 15,000		-	-	-	-
More than 15,000		-	-	-	-
No Answer		1	1	-	-

TASK	All Respondents UCLA - N = 0 EPI - N = 23 Percent 25 50 75 100	Frequency	Administrative UCLA - N = 0 EPI - N = 2 Percent 25 50 75 100	Frequency	Radiology Technician UCLA - N = 0 EPI - N = 20 Percent 25 50 75 100	Frequency	Dark Room Technician UCLA - N = 0 EPI - N = 1 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
1. Review patient's clinical history.		1	0	--		1		1	1	
2. Prepare trays for special examinations.		3		2		3	0	--	1	C
3. Load and unload film units.		1		1		1		1	1	
4. Use polaroid units.		2	0	--		2		2	1	C
5. Position patients for treatment.		1		1		1	0	--	1	C
6. Prepare written radiology therapy instructions for patients.		2	0	--		2	0	--	1	
7. Store radioactive materials.		4	0	--		4		1	1	C
8. Wash and sterilize treatment facilities.		1	0	--		1	0	--	1	C
9. Assist in treatment planning.		1	0	--		1	0	--	2	C
10. Number cassettes or screens for identification.		1		1		1		-	1	
11. Select immobilization devices.		1		1		2		1	1	
12. Place patient in radiographic position.		1		1		1	0	--	1	

KEY: ▨ -UCLA; ▭ -EPI; Criticality: C

TASK	All Respondents UCLA - N = 0 EPI - N = 23 Percent 25 50 75 100	Frequency	Administrative UCLA - N = 0 EPI - N = 2 Percent 25 50 75 100	Frequency	Radiology Technician UCLA - N = 0 EPI - N = 20 Percent 25 50 75 100	Frequency	Dark Room Technician UCLA - N = 0 EPI - N = 1 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
13. Clean radiographic equipment.		3		3		1		3	1	
14. Affix lead shield to cassette for identification.		1	0	--		1		--	1	
15. Prepare contrast media such as barium sulphate.		2		1		2	0	--	1	
16. Administer radiopaque preparations.		1		1		1	0	--	1	C
17. Determine and adjust control panel settings such as voltage, amperate, and time exposure.		1		--		1	0	--	1	
18. Assist physician in special procedures.		3		2		3		2	1	
19. Operate video tape equipment.		--	1 0			--	1 0	--	1	
20. Load cameras for cinefluorography.		--	1 0			--	1 0	--	2	
21. Make catheters for special X-ray examinations.		3				4	3 0	--	2	
22. Operate autoclave.	0	--	0			--	0	--	--	
23. Process films in surgery.		4				2	4	2	1	
24. Label and transfer specimens.		4				3	4 0	--	1	C

KEY: [hatched] -UCLA; [plain] -EPI; Criticality: C

TASK	All Respondents UCLA - N = 0 EPI - N = 23 Percent 25 50 75 100	Frequency	Administrative UCLA - N = 0 EPI - N = 2 Percent 25 50 75 100	Frequency	Radiology Technician UCLA - N = 0 EPI - N = 20 Percent 25 50 75 100	Frequency	Dark Room Technician UCLA - N = 0 EPI - N = 1 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
25. Maintain silver recovery operation.		1		4		3		1	1	
26. Perform safety check for exposure safelights.		4		4		4	0	--	1	C
27. Test for scatter radiation.		4		4		4	0	--	1	
28. Take dental X-rays.		3	0	--		3	0	--	1	C
29. Take abdominal X-rays.		1		1		1	0	--	1	
30. Take Spinal X-rays.		1		1		1	0	--	1	
31. Take chest X-rays.		1		1		1	0	--	1	
32. Take facial X-rays.		1		1		1	0	--	1	
33. Take mastoid X-rays.		4		1		4	0	--	2	
34. Take paranasal X-rays.		2		1		2	0	--	1	
35. Take X-rays of extremities.		1		1		1	0	--	1	
36. Take X-rays of ribs and sternum.		2		1		2	0	--	1	C

KEY: ▨ =UCLA; ▭ =EPI; Criticality: C

TASK	All Respondents UCLA - N = 0 EPI - N = 23 Percent 25 50 75 100	Frequency	Administrative UCLA - N = 0 EPI - N = 2 Percent 25 50 75 100	Frequency	Radiology Technician UCLA - N = 0 EPI - N = 20 Percent 25 50 75 100	Frequency	Dark Room Technician UCLA - N = 0 EPI - N = 1 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
37. Operate cinefluorographic equipment.		1	0	--		1	0	—	2	C
38. Operate image intensifier fluoroscopic units.		1		2		1	0	--	1	C
39. Operate mobile X-ray units.		2		2		2	0	--	1	
40. Perform sensitivity tests for allergic reactions to contrast media.		2	0	--		2	0	--	1	
41. Provide surgical assistance for radiologist.		4		3		4	0	--	2	
42. Assist with cardiac catherization and aniocardiogram procedures.		3	0	--		2	0	--	2	
43. Assist with arthrograms.		4	0	--		4	0	--	2	
44. Assist with brachiograms.		4	0	--		4	0	--	2	
45. Assist with cerebral angiograms.		4		3		4	0	--	2	C
46. Assist with gynecograms.		3	0	--		3		1	1	
47. Assist with hysterosalpingograms.		4		4		3		1	1'	
48. Assist with cholangiograms.		3		3		3		1	1	

KEY: ▨-UCLA; ▭-EPI; Criticality: C

TASK	All Respondents UCLA - N = 0 EPI - N = 23 Percent 25 50 75 100	Frequency	Administrative UCLA - N = 0 EPI - N = 2 Percent 25 50 75 100	Frequency	Radiology Technician UCLA - N = 0 EPI - N = 20 Percent 25 50 75 100	Frequency	Dark Room Technician UCLA - N = 0 EPI - N = 1 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
49. Assist with intravenous pyelograms (IVP's).		1		1		1		1	1	
50. Assist with laminograms.		4		4		4		1	2	
51. Assist with macroradiograms.		1	0	--	0	--		1	2	
52. Assist with mammograms.		1		3		1		1	1	C
53. Assist with pneumocardiograms.		1	0	--		4		1	2	C
54. Assist with pneumocystograms.		1	0	--		4		1	1	
55. Assist with pneumo-encephalograms.		4		4		4		1	2	C
56. Assist with urographic studies.		2	0	--		2		1	1	
57. Assist with scanograms.		2	0	--		2	0	--	1	
58. Assist with sialograms.		4		4		4	0	--	1	
59. Assist with stereoscopic X-rays.		1	0	--		2		1	2	
60. Assist with upper GI series.		1		1		1		1	1	
61. Assist with ventriculograms.		4		4		4		1	2	C

KEY: ▨ =UCLA; ▭ =EPI: Criticality: C

TASK	All Respondents UCLA - N = 0 EPI - N = 23 Percent 25 50 75 100	Frequency	Administrative UCLA - N = 0 EPI - N = 2 Percent 25 50 75 100	Frequency	Radiology Technician UCLA - N = 0 EPI - N = 20 Percent 25 50 75 100	Frequency	Dark Room Technician UCLA - N = 0 EPI - N = 1 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
62. Assist with X-rays for cholecystographic studies.		1		1		1		1	1	
63. Assist with X-rays for contrast studies of esophagus.		1		2		1		1	1	
64. Assist with X-rays for contrast studies of large bowel or colon.		1		1		1		1	1	
65. Assist with X-rays for pelvimetric studies.		3		3		3		1	1	C
66. Assist with X-rays of small intestine.		1		1		1		1	1	
67. Assist with fistula or sinus tract X-rays.		4	0	--		4		1	2	
68. Maintain automatic processing machines.		1		1		2		1	2	
69. Perform substraction techniques.		1	0	--		1	0	--	1	
70. Operate automatic processing machines.		1		1		1		1	1	
71. Attach cones and filters for radiation therapy.		1	0	--		1	0	--	1	C
72. Detect, identify, and measure radioisotopes in samples.	0	--	0	--	0	--	0	--		
73. Determine biological half-life of radioactive materials.	0	--	0	--	0	--	0	--		

KEY: ▨ -UCLA; ▭ -EPI; Criticality: C

TASK	All Respondents UCLA - N = 0 EPI - N = 23 Percent 25 50 75 100	Frequency	Administrative UCLA - N = 0 EPI - N = 2 Percent 25 50 75 100	Frequency	Radiology Technician UCLA - N = 0 EPI - N = 20 Percent 25 50 75 100	Frequency	Dark Room Technician UCLA - N = 0 EPI - N = 1 Percent 25 50 75 100	Frequency	Task Difficulty	Criticality
74. Determine radiation level of cadavers prior to autopsy or release to mortuary.										
75. Give instructions to patient prior to therapeutic administration of cobalt, roentgen or radium.		2	0		0	--		2	2	
76. Load applicators for radium therapy.		2	0			0	0	--	2	
77. Maintain record of patient's blood count.		4	0			4	0	--	2	
78. Monitor patient's clothing, wastes, and bandages for radiation following treatment.		1	0			1	0	--	1	C
79. Operate cobalt or super voltage therapy machines.		4	0			4	0	--	1	
80. Operate ortho-voltage equipment.		1	0			1	0	--	1	C
81. Perform functional checks on radiation therapy equipment.		1	0			1	0	--	2	C
82. Perform radioisotope therapy.		3	0			3	0	--	2	C
83. Perform scan utilizing specialized electronic detectors.		--	0		0	--	0	--		C
84. Operate low voltage roentgen therapy equipment.		--	0		0	--	0	--		
85. Operate betatron therapy equipment.		4	0			4	0	--	1	C
		4	0			4	0	--	1	C

KEY: ▨ =UCLA; ▭ =EPI; Criticality: C

TASK	All Respondents UCLA - N = 0 EPI - N = 23 Percent 25 50 75 100	Frequency	Administrative UCLA - N = 0 EPI - N = 2 Percent 25 50 75 100	Frequency	Radiology Technician UCLA - N = 0 EPI - N = 20 Percent 25 50 75 100	Frequency	Dark Room Technician UCLA - N = 0 EPI - N = 1 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
86. Operate linear accelerator therapy equipment.		--	0	--	0	--	0	--		C
87. Perform decontamination procedures.		--	0	--	0	--	0	--		
88. Dispose of radioactive materials.		--	0	--	0	--	0	--		C
89. Take treatment and port films.		1	0	--		1	0	--	1	
90. Calibrate X-ray machines.		4		4		4	0	--	2	C
91. Make minor repairs of adjustments to X-ray machine.		4		3		4	0	--	2	
92. Replace and mount X-ray screens.		4		4		4		4	2	
93. Test for screen film contact.		4		4		4	0	--	2	
94. Test for X-ray beam alignment.		4		3		1	0	--	1	C

KEY: ▨ -UCLA; ▭ -EPI; Criticality: C

Radiology Tasks

Results:

The results of the 94 tasks directly related to the technical functions of Radiology were for the most part expected. The variations in percentage of response of individuals performing the tasks are explained by the following:

1. Those tasks with a large percentage of response are routine in nature and usually performed by most or all technician level personnel.

2. Those tasks with a low response are somewhat specialized in nature and normally performed by one or two technicians in a department.

3. Tasks with no response are either very specialized in nature and performed by individuals specially trained for the tasks (e.g., tasks involving nuclear medicine) or tasks not normally performed by members of this occupation in the Western Pennsylvania region (e.g., operate autoclave).

Somewhat surprising was the high percentage of individuals in the Radiology Technician group (75%) who indicated that they administer radiopaque preparations (Task 16) several times a day. It was not expected that technicians would perform this task as an error can cause death to the patient. Also surprising was the fact that 80% of the technicians considered this task easy. This indicates that either the technicians are not aware of the danger involved or they misinterpreted the question.

The results of the response to Task 71 through Task 89 indicate the presence in the survey of the therapy technician. These results also indicate that a diagnostic technician is also performing some tasks in the therapeutic area. Such a result is highly possible, as it is often found that individuals employed in the diagnostic area may be required to perform some radiation therapy, particularly in small hospitals. This fact indicates the necessity for inclusion of some study in the area of radiation therapy for all technicians.

Tasks not Performed:

22. Operate autoclave
72. Detect, identify, and measure radioisotopes in samples
73. Determine biological half-life of radioactive materials
82. Perform radioisotope therapy
83. Perform scan utilizing specialized electronic detectors

Tasks not Performed (continued):

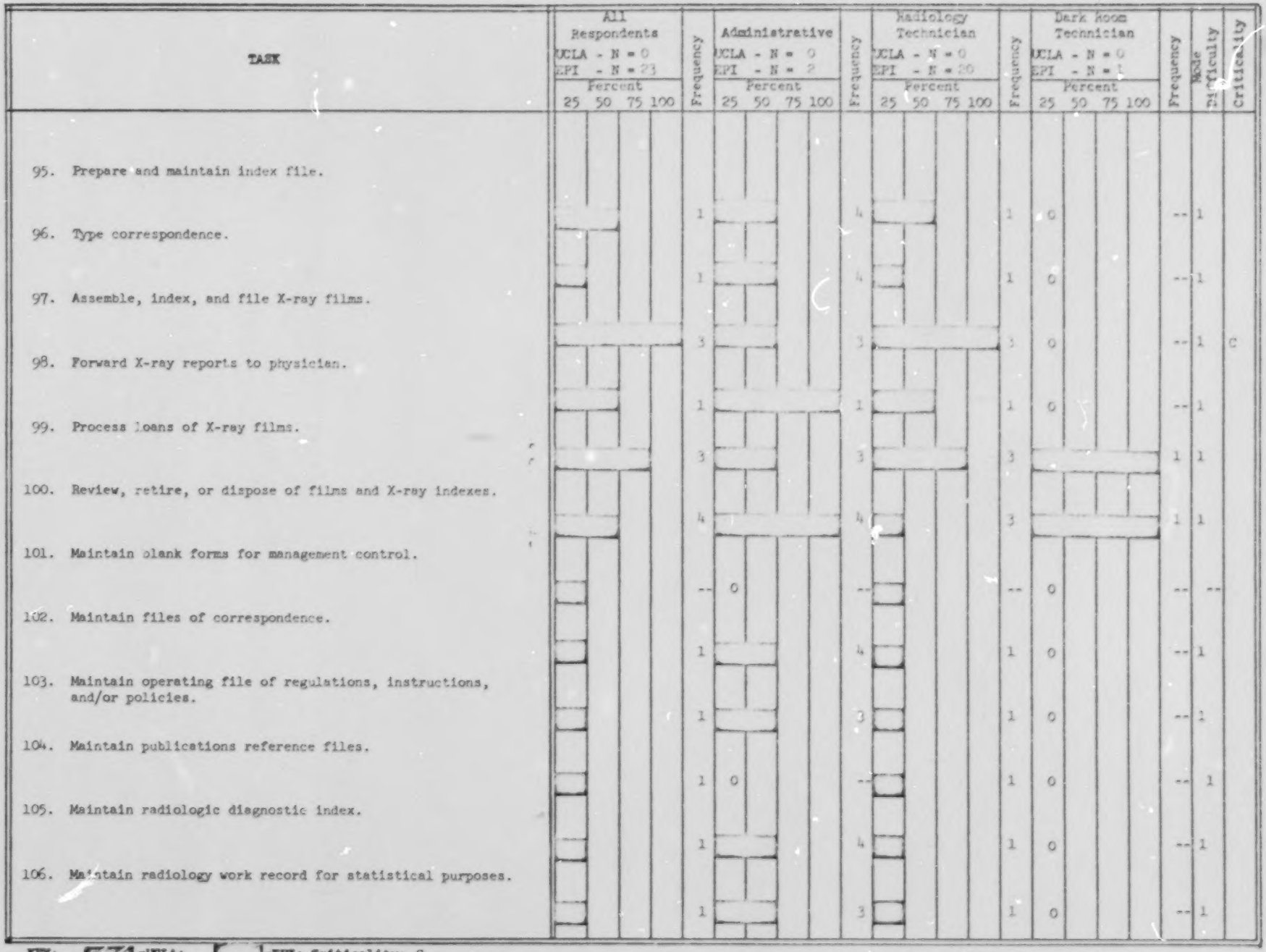
86. Operate linear accelerator therapy equipment
87. Perform decontamination procedures
88. Dispose of radioactive materials

In the above listing, Tasks 72, 73 and 86 are related to nuclear medicine. No respondent in the area of nuclear medicine was included in the survey.

Task 82 and 86 are normally performed by a therapy technician. Only one individual of this group was included in the survey; thus the lack of performance for these tasks is not significant, although the presence of a therapy technician would cause one to expect an indication of performance for these tasks.

Tasks Added:

One respondent added duties relating to the cardiogram machine. This function is normally performed by an Electro-Cardiogram Technician and should not be included in the area of Radiology.


TASK
All Respondents
UCLA - N = 0
EPI - N = 23
Percent
25 50 75 100
Frequency
Administrative
UCLA - N = 0
EPI - N = 2
Percent
25 50 75 100
Frequency
Radiology Technician
UCLA - N = 0
EPI - N = 20
Percent
25 50 75 100
Frequency
Dark Room Technician
UCLA - N = 0
EPI - N = 1
Percent
25 50 75 100
Frequency
Mode Difficulty
Criticality
95. Prepare and maintain index file.
96. Type correspondence.
97. Assemble, index, and file X-ray films.
98. Forward X-ray reports to physician.
99. Process loans of X-ray films.
100. Review, retire, or dispose of films and X-ray indexes.
101. Maintain blank forms for management control.
102. Maintain files of correspondence.
103. Maintain operating file of regulations, instructions, and/or policies.
104. Maintain publications reference files.
105. Maintain radiologic diagnostic index.
106. Maintain radiology work record for statistical purposes.
1 4 1 0 -- 1
1 4 1 0 -- 1
3 3 3 0 -- 1 C
1 1 1 0 -- 1
3 3 3 1 1
4 4 3 1 1
-- -- -- 0 -- --
1 4 1 0 -- 1
1 3 1 0 -- 1
1 -- 1 0 -- 1
1 4 1 0 -- 1
1 3 1 0 -- 1

KEY: ▨-UCLA; ▭-EPI; Criticality: C

TASK	All Respondents UCLA - N = 0 EPI - N = 23 Percent 25 50 75 100	Frequency	Administrative UCLA - N = 0 EPI - N = 2 Percent 25 50 75 100	Frequency	Radiology Technician UCLA - N = 0 EPI - N = 20 Percent 25 50 75 100	Frequency	Dark Room Technician UCLA - N = 0 EPI - N = 1 Percent 25 50 75 100	Frequency	Task Difficulty	Criticality
107. Keep accounts.		1	0	--		1	0	--	1	
108. Prepare financial statements.		3		4		3	0	--	1	
109. Prepare and submit supply requests.		3		3		3		3	1	
110. Prepare statements for patient billing.		1	0	--		1	0	--	1	
111. Issue and collect film badges or other radiation detectors.		4				4	0	--	1	C
112. Maintain blood count records on radiology personnel.		4		--		4	0	--	1	C

KEY: ▨ -UCLA; ▭ -EPI; Criticality: C

Clerical Tasks

Results:

The responses in the clerical section were as expected. Most of the tasks in this area, though normally associated with duties performed by secretarial and clerical personnel in a radiology department, are included as duties of the technician in small hospitals. This fact indicates the possible desirability of including some course work in the area of clerical functions when training radiology technicians.

Tasks not Performed:

All tasks in this functional category were performed by at least one respondent in the EPI survey.

Tasks Added:

No tasks were added in this category.

RADIOLOGY
ADMINISTRATIVE TASKS

TASK	All Respondents UCLA - N = 0 EPI - N = 23 Percent 25 50 75 100	Frequency	Administrative UCLA - N = 0 EPI - N = 2 Percent 25 50 75 100	Frequency	Radiology Technician UCLA - N = 0 EPI - N = 20 Percent 25 50 75 100	Frequency	Dark Room Technician UCLA - N = 0 EPI - N = 1 Percent 25 50 75 100	Frequency	Task Difficulty	Criticality
113. Coordinate communicable disease investigation.										
114. Coordinate patient clinical management.		3	0	--		3	0	--	1	
115. Develop procedures for data processing.		1		1		3	0	--	1	
116. Coordinate radiology activities with hospital administration.	0	--	0	--	0	--	0	--		
117. Plan emergency evacuation of patients, establish emergency priorities.		4		4	0	--	0	--	3	
118. Coordinate work functions of volunteers, (hours, patient handling).		4		4		4	0	--	2	C
119. Coordinate physical plant work orders or requests.		2		2	0	--	0	--	2	
120. Develop technical procedures for special radiology examinations.		3		1		3	0	--	2	
121. Develop organizational functional charts.		2		2		3	0	--	2	C
122. Work up budget estimates and justification.	0	--	0	--	0	--	0	--		
123. Establish and direct administrative operating policies, procedures and regulations.	0	--	0	--	0	--	0	--		
124. Direct and maintain quality control functions.		--	0	--		--	0	--	--	
		1		1		1	0	--	1	C

KEY: [ ]-UCLA; [ ]-EPI; Criticality: C

TASK	All Respondents UCLA - N = 0 EPI - N = 23 Frequency	Percent 25 50 75 100	Administrative UCLA - N = 0 EPI - N = 2 Frequency	Percent 25 50 75 100	Radiology Technician UCLA - N = 0 EPI - N = 20 Frequency	Percent 25 50 75 100	Dark Room Technician UCLA - N = 0 EPI - N = 1 Frequency	Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
125. Modify work methods and procedures.			2		2		2	0	--	1	
126. Develop and prepare cost analysis data.	0		--	0	--	0	--	0	--		
127. Schedule work assignments.			3		4		3	0	--	1	
128. Plan or modify radiology facilities' physical layout, space assignment.			4		4		4	0	--	1	
129. Plan and direct the maintenance and distribution of patient reports, records, and departmental records, and correspondence.			2		2		2	0	--	1	
130. Direct patient care procedures:			--		--		1	0	--	1	
131. Diagnostic			1	0	2		1	0	--	2	
132. Therapeutic			1	0	--		1	0	--	1	
133. Nuclear-medicine	0		--	0	--	0	--	0	--		
134. Direct personnel in compliance with radiation safety regulations.			4		4		1	0	--	1	
135. Prepare and submit job descriptions.			4		4		4		2	2	
136. Interview and evaluate prospective employees.			4		4		4	0	--	2	

KEY: ▨ =UCLA; ☐ =EPI; Criticality: C

TASK	All Respondents UCLA - N = 0 EPI - N = 23 Percent 25 50 75 100	Frequency	Administrative UCLA - N = 0 EPI - N = 2 Percent 25 50 75 100	Frequency	Radiology Technician UCLA - N = 0 EPI - N = 20 Percent 25 50 75 100	Frequency	Dark Room Technician UCLA - N = 0 EPI - N = 1 Percent 25 50 75 100	Frequency	Task Difficulty	Criticality
137. Resolve staff complaints.		2		2		4	0	--	3	
138. Resolve technical problems.		2		2		4	0	--	2	
139. Develop and schedule contract preventive maintenance programs.		4	0	--		4	0	--	2	
140. Supervise technical staff.		1		1		4	0	--	2	
141. Supervise clerical staff.		1		1		2	0	--	2	C
142. Investigate reports of unusual incidents.		4	0	--		4	0	--	2	
143. Serve on employee relations boards.		4	0	--		4	0	--	1	
144. Arrange for training aids, space, and equipment.		2		4		2		2	2	
145. Conduct formal classroom instruction.		4	0	--		4	0	--	1	
146. Conduct on-the-job training.		1		3		1		2	1	
147. Prepare employee ratings and counsel individuals in progression and career development.		4	0	--		4	0	--	1	
148. Orient newly assigned personnel.		4		3		4	0	--	1	

KEY: [ ] =UCLA; [ ] =EPI; Criticality: C

ADMINISTRATIVE TASKS (Cont'd)

TASK	All Respondents UCLA - N = 0 EPI - N = 23 Percent 25 50 75 100	Frequency	Administrative UCLA - N = 0 EPI - N = 2 Percent 25 50 75 100	Frequency	Radiology Technician UCLA - N = 0 EPI - N = 20 Percent 25 50 75 100	Frequency	Dark Room Technician UCLA - N = 0 EPI - N = 1 Percent 25 50 75 100	Frequency	Mean Difficulty	Criticality
149. Maintain and review student training records.		4		4		4	0	-	2	
150. Plan, schedule, and evaluate training programs.		4		4		4		1	2	
151. Prepare, administer, and score tests.		4	0	-	0	-	0	-	1	
152. Evaluate instructors.	0	-	0	-	0	-	0	-		
153. Select and assign instructors.	0	-	0	-	0	-	0	-		
154. Supervise training program.	0	-	0	-	0	-	0	-		
155. Recruit trainees.		4	0	-	0	-		1	2	
156. Undertake placement activities.		4	0	-	0	-	0	-	2	
157. Originate correspondence.		4	0	-	0	-	0	-	2	
158. Prepare special orders on assignment, reassignment, or transfer of patients.		2		2		3	0	-	1	
159. Establish an inventory system for supplies, equipment, and material.		3		3		3		3	1	
160. Maintain on-call roster of doctors and/or technicians.		2		2		3	0	-	2	

KEY: ▨=UCLA; ▭=EPI; Criticality: C

TASK	All Respondents UCLA - N = 0 EPI - N = 23 Percent 25 50 75 100	Frequency	Administrative UCLA - N = 0 EPI - N = 2 Percent 25 50 75 100	Frequency	Radiology Technician UCLA - N = 0 EPI - N = 20 Percent 25 50 75 100	Frequency	Dark Room Technician UCLA - N = 0 EPI - N = 1 Percent 25 50 75 100	Frequency	Task Difficulty	Criticality
161. Maintain personnel file.		1		2		1	0	--	1	
162. Initiate authorization forms for examinations of minors or mental incompetents.	0	--	0	--	0	--	0	--		
163. Initiate authorization forms for administration of anesthesia or for performing operations.	0	--	0	--	0	--	0	--		
164. Prepare patient examination schedule.		3		2		3	0	--	1	
165. Develop patient instruction forms for radiologic examinations.		4		4		1	0	--	1	
166. Prepare vacation schedule.		4		4		4	0	--	2	
167. Prepare formal requests for radiation source changes.		2		2	0	--	0	--	2	C

KEY: ▨ =UCLA; ☐ =EPI; Criticality: C

Administrative Tasks

Results:

Since only two individuals in the survey were administrative (Chief Radiology Technologist and X-ray Supervisor), the data presented for these tasks are not significant and no conclusions can be drawn. This fact does not effect the results of the study, since the objective was to survey at the technician level.

Tasks not Performed:

115. Develop procedures for data processing
121. Develop organizational functional charts
122. Work up budget estimates and justification
126. Develop and prepare cost analysis data
133. Direct patient care procedures - nuclear-medicine
152. Evaluate instructors
153. Select and assign instructors
154. Supervise training program
162. Initiate authorization forms for examinations of minors or mental incompetents
163. Initiate authorization forms for administration of anesthesia or for performing operations

Although the sample was small, it was surprising that neither individual participated in budget making and justification or in developing cost analysis data. Also not expected was the small response from all respondents (17%) to Task 125, Modify work methods and procedures. One would expect this to be the duty of all personnel subject to administrative approval. Tasks 162 and 163 appear to be out of place in this instrument.

Tasks Added:

No tasks were added in this category.

RADIOLOGY
RESEARCH TASKS

TASK	All Respondents UCLA - N = 0 EPI - N = 23 Percent 25 50 75 100	Frequency	Administrative UCLA - N = 0 EPI - N = 2 Percent 25 50 75 100	Frequency	Radiology Technician UCLA - N = 0 EPI - N = 20 Percent 25 50 75 100	Frequency	Dark Room Technician UCLA - N = 0 EPI - N = 1 Percent 25 50 75 100	Frequency	Task Difficulty	Criticality
168. Analyze technical radiology research data.		4	0	--		4	0	--	2	
169. Assemble equipment for research.		3	0	--		3	0	--	2	
170. Assist in designing radiology research.		4	0	--		4	0	--	2	
171. Assist in writing reports or technical papers for publications.		3	0	--		3	0	--	1	
172. Calculate dosages to be administered for prescribed procedures.		1	0	--		1	0	--	2	C
173. Compile experimental data for reports.		3	0	--		3	0	--	2	
174. Coordinate experimental program design with statistician and external and internal agencies.		4	0	--		4	0	--	2	
175. Design and develop experimental devices or equipment.	0	--	0	--	0	--	0	--		
176. Design forms for maintaining radiology research data.		4	0	--		4	0	--	--	
177. Use radioactive sources in research.	0	--	0	--	0	--	0	--		C

KEY: [hatched] -UCLA; [ ] -EPI; Criticality: C

Research Tasks

Results:

The response in this area was very small, with none of the tasks being performed by more than 10% of the sample. This was expected as research, where it exists, is performed in an area specially assigned for that function.

Tasks not Performed:

175. Design and develop experimental devices or equipment

177. Use radioactive sources in research

Tasks Added:

No tasks were added in this functional category.

TASK	Respondents UCLA - N = 0 EPI - N = 23 Percent 25 50 75 100	Frequency	Administrative UCLA - N = 0 EPI - N = 2 Percent 25 50 75 100	Frequency	Radiology Technician UCLA - N = 0 EPI - N = 20 Percent 25 50 75 100	Frequency	Dark Room Technician UCLA - N = 0 EPI - N = 1 Percent 25 50 75 100	Frequency	Note Difficulty	Criticality
178. Assist patients to or from litters or wheelchairs.		1		2		1	0	--	1	C
179. Prepare patients for examinations.		1		2		1	0	--	1	
180. Give standard first-aid treatment.		4	0	--		4	0	--	1	
181. Sterilize equipment.		2	0	--		2	0	--	1	
182. Label and transfer specimens.		4		4		4	0	--	1	
183. Maintain darkroom facilities and equipment.		2		3		2		2	1	C
184. Prepare processing solutions.		2	0	--		2	0	--	1	C
185. Mount films in viewing apparatus.		1		1		1		1	1	
186. Replenish solutions.		3		3		4		--	1	C
187. Reproduce X-ray films on 35mm slides.	0	--	0	--	0	--	0	--		
188. Reproduce X-rays by direct duplication method, microfilm or microfiche.		4		1		4		1	1	
189. Store unexposed films.		3		3		3		3	1	C

KEY: ▨ -UCLA; ▭ -EPI; Criticality: C

TASK	All Respondents UCLA - N = [illegible] EPI - N [illegible] Percent 25 50 75 100	Frequency	Administrative UCLA - N = 0 EPI - N = 2 Percent 25 50 75 100	Frequency	Radiology Technician UCLA - N = 0 EPI - N = 20 Percent 25 50 75 100	Frequency	Dark Room Technician UCLA - N = 0 EPI - N = 1 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
190. Maintain film hangers.		1	0	--		1		--	1	
191. Maintain cassettes.		4		3		4		1	1	
192. Change dressings.		1	0	--		1	0	--	1	C
193. Wash and sterilize treatment facilities.		1	0	--		1	0	--	1	
194. Transport patients.		1		2		1	0	--	1	
195. Operate audio-visual aids.	0	--	0	--	0	--	0	--		

KEY: ▨ =UCLA; ☐ =EPI; Criticality: C

Miscellaneous Tasks

Tasks Performed:

The results obtained were within the range of expectancy.

Tasks not Performed:

187. Reproduce X-ray films on 35mm slides

195. Operate audio-visual aids

The first task is not normally performed within the hospital but is usually contracted with an outside firm. The absence of an indication that audio-visual aids are operated may be significant from the administrative standpoint if a training function is being performed at the hospital.

Comments

The response received indicates that the instrument is complete in its coverage and should produce valid performance results. Thus, the instrument appears to be a sound basis for use in articulation of tasks to curriculum in the field of Radiology.

Future surveys are necessary and should place more emphasis upon the therapeutic technician and those with administrative responsibility. Results of these surveys can provide the data necessary for curriculum development pointed to the career ladder and lattice concept in the field of radiology.

WARD MANAGEMENT

Overview:

Ward Management (or Unit Administration as the UCLA study more properly refers to the area) involves those non-clinical functions which are performed in support of the nursing function in a unit or ward. The unit might relate to a floor, wing or a functional department such as the Emergency Room.

The functions performed by individuals in the Ward Management are clerical or administrative in nature. The job categories can be broken down into two areas, administrative and secretarial-clerical. Job titles found in Ward Management are:

Administrative

(1) Head Nurse
(2) Ward Supervisor
(3) Coordinator

Secretarial-Clerical

(1) Ward Secretary
(2) Ward Clerk

The Ward Administration concept is not universal. Some hospitals use nurses and aides to perform the minor clerical functions with support from a central nursing office for typing, filing, etc.

No accepted certification or education requirements are present for individuals working in this area. In general, the background of an individual in this area is one of a commercial course at the high school level.

EPI Sample:

The target population for the EPI survey was the secretarial-clerical personnel working in the area of Ward Administration. The sample size is small with 14 of the 15 respondents in the secretarial-clerical category. The one administrative respondent is a coordinator. However, the duties performed by the coordinator are such as to include this respondent in the Ward Clerk category. The small sample obtained is a result of the fact that five of the hospitals in the survey do not recognize the use of the Ward Management concept in their organization. However, it is likely that, at least in the Emergency Room, the concept is being used by most of the hospitals.

It is also noted that, where the unit administration concept is used locally, there is an absence of administrative personnel assigned to most of the units.

Results of the Task Analysis in Ward Management:

In the results which are presented in the following pages the only available comparable results from the UCLA survey are the performance by all secretarial-clerical personnel. The UCLA study also presents performance data for administrative type personnel. This data is not presented in the following pages as the EPI survey was not directed toward individuals in this category.

The tasks are grouped into the following functional areas:

1. Clerical Funtions:

    (a) Record Keeping
    (b) Communications
    (c) Patient-Centered Activities
    (d) Supplies and Equipment

2. Administrative Functions

WARD MANAGEMENT

Summary of Background Data

Background Data		All Respondents		Clerical		Administrative	
		EPI	UCLA	EPI	UCLA	EPI	UCLA
1. Sample Size		15	183	14	90	1	93
2. Sex	Male	1	9	-	1	1	8
	Female	14	174	14	89	-	85
3. Age	Mean	38.9	-	41.5	-	41	-
4. Years in Position	Mean	4.6	-	-	-	5	-
5. Highest Level of Education							
Less than High School		1	8	1	8	-	-
High School or Equivalent		12	61	12	47	-	14
Some College		1	44	1	20	-	24
Associate Degree		-	6	-	-	-	6
Bachelor's Degree		1	13	-	12	1	1
Master's Degree		-	2	-	1	-	1
Other		-	43	-	9	-	34
No Answer		-	7	-	6	-	1
6. Technical or Training Programs							
On-the-Job		3	20	3	17	-	3
Military		-	6	-	1	-	5
Manufacturers		-	1	-	1	-	-
Vocational School		1	11	1	7	-	4
Certificate or Diploma		-	81	-	8	-	73
Other		1	13	1	10	1	3
No Answer		-	51	10	48	-	3
7. Certification							
RN		-	73	-	-	-	73
LPN		-	7	-	2	-	5
Other		3	12	3	8	-	4
None		12	91	11	82	1	9
8. Annual Salary							
Less than 2,000		-	-	-	-	-	-
2,000 - 3,999		4	-	4	-	-	-
4,000 - 5,999		6	-	6	-	-	-
6,000 - 7,999		-	-	-	-	-	-
8,000 - 9,999		-	-	-	-	-	-
10,000 - 11,999		-	-	-	-	-	-
12,000 - 15,000		-	-	-	-	-	-
More than 15,000		-	-	-	-	-	-
Not Answered		5	-	4	-	1	-

CLERICAL FUNCTIONS - RECORD KEEPING

TASK	All Respondents UCLA - N = 90 EPI - N = 15 Percent 25 50 75 100	Frequency	Ward Clerk UCLA - N = EPI - N = 6 Percent 25 50 75 100	Frequency	Ward Secretary UCLA - N = EPI - N = 9 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
1. Maintain unit census record.		2		1		1	1	
2. Maintain list of new admissions, transfers, and discharges.		1		1		1	1	
3. Maintain check-in and check-out sheet for location of patients.		1		1		1	1	
4. Maintain check-in and check-out sheet for location of patient charts and records.		1		1		1	1	
5. Maintain food tray service check list.		1		2		1	1	
6. Provide information to appropriate departments about "critical" patients.		3		4		3	1	
7. Assemble patients' records and forms, and other necessary data.		2		1		1	1	
8. Write in headings on appropriate forms.		1		1		1	1	
9. Stamp patient forms with imprinter.		1		1		1	1	
10. Graph or chart information onto appropriate form.		1		1		1	1	
11. Keep files in order.		1		1		1	1	
12. Write tags and labels for specimens.		1		1		1	1	

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

WARD MANAGEMENT
CLERICAL FUNCTIONS - RECORD KEEPING (Cont'd.)

TASK	All Respondents UCLA - N = 90 EPI - N = 15 Percent 25 50 75 100	Frequency	Ward Clerk UCLA - N = EPI - N = 6 Percent 25 50 75 100	Frequency	Ward Secretary UCLA - N = EPI - N = Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
13. Check cards for narcotic renewals.		1						
14. Compile narcotic summary sheets.	0	--	0	--	0	--	--	
15. Label trays, equipment, cupboards.		4						
16. Prepare patient charge forms.		1						
17. Transcribe doctors' orders onto appropriate records.		1		1		1	1	
18. Record appropriate information in Kardex.		1		1		1	1	
19. Sign for packages and flowers.		1						
20. Duplicate forms as needed (photocopy).		2		2		2	1	
21. Report and record lost and found articles.		3		1		1	1	
22. Maintain call roster of doctors.		1		1		1	1	
23. Maintain log of long-distance phone calls.		1		1		1	1	
24. Maintain continuing file of information for annual reports.		1		2		1	2	

KEY: [▨] = UCLA; [ ] = EPI; Criticality: C

CLERICAL FUNCTIONS - RECORD KEEPING (Cont'd.)

TASK	All Respondents UCLA - N = 90 EPI - N = 19 Percent 25 50 75 100	Frequency	Ward Clerk UCLA - N = EPI - N = 5 Percent 25 50 75 100	Frequency	Ward Secretary UCLA - N = EPI - N = 9 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
25. Obtain consent signatures.		2						
26. Claim library books from patients upon discharge.		2	0	--		2	1	
27. Deliver mail.		3			0	-	1	
28. Maintain supply of stationery and writing materials.		2					1	
29. Clean up around nursing station.		1		1		2	1	
30. Maintain and file unit correspondence and directives.		3		3		2	1	
		1		1		1	1	
		2		2		2	1	

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

Clerical Functions - Record Keeping

Results:

The results of the EPI sample compare favorably with those obtained in the UCLA study; no significant differences are noted. Some differences between the clerical and secretarial respondents are noted in the EPI sample. However, these differences are not felt to be significant since the sample is so small.

Tasks not Performed:

The only task not performed by the EPI group was Task 14, Compile narcotic summary sheet. It is likely that this function is performed by administrative personnel as was the case in the UCLA study. It should be noted that the fourth task added below is related to task 14.

Tasks Added:

1. Record lab reports and place on patient charts
2. Partially fill in requisitions which are checked and signed by R.N.
3. Add admissions and discharges to distribution sheets
4. Count and record drugs charged to the patient

These tasks can be in general related to tasks in the survey instrument. Task 2 is best placed in the category of tasks related to supplies and equipment.

TASK	All Respondents UCLA - N = 90 LIT - N = 15 Percent 25 50 75 100	Frequency	Ward Clerk UCLA - N = EPI - N = 6 Percent 25 50 75 100	Frequency	Ward Secretary UCLA - N = EPI - N = 9 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
31. Receive and deliver telephone messages to unit personnel.		1		1		1	1	
32. Inform patients of calls received.		1		1		1	1	
33. Page doctors and other hospital personnel.		1		1		1	1	
34. Operate the intercom and relay messages to unit personnel.		1		1		1	1	
35. Announce the close of visiting hours.		1		1		1	1	
36. Operate pneumatic tube.		2	0	--		2	1	
37. Operate dumbwaiter and transveyor.	0	--	0	--	0	--	--	
38. Question physicians about patients.		1		2		2	1	
39. Answer questions asked by unit personnel.		1		3		1	1	
40. Relay information about unit activities.		1		1		1	2	
41. Visit and interview patients.		1		1		1	1	
42. Inform visitors of hospital rules.		2		2		2	1	
		1		2		2	1	

KEY: ▨ = UCLA; ☐ = EPI; Criticality: C

MM-8

WARD MANAGEMENT
CLERICAL FUNCTIONS - COMMUNICATIONS (Cont'd.)

TASK	All Respondents UCLA - N = 90 EPI - N = 15 Percent 25 50 75 100	Frequency	Ward Clerk UCLA - N = EPI - N = 6 Percent 25 50 75 100	Frequency	Ward Secretary UCLA - N = EPI - N = 9 Percent 25 50 75 100	Frequency	Scale Difficulty	Criticality
43. Direct visitors to appropriate rooms.		1					1	
		1		1		1	1	
44. Locate doctors or nurses as requested by visitors.		1					1	
		1		1		1	1	
45. Requisition meals and nourishment from Dietary.		1					1	
		1				1	1	
46. Requisition laboratory services.		1					1	
		1		2		1	2	
47. Requisition services from Pharmacy.		1					1	
		1		2		1	1	
48. Requisition the services of Housekeeping.		1					1	
		1		1		1	1	
49. Requisition services from Laundry.		1					1	
		2		2		1	1	
50. Request repairs from Maintenance.		1					1	
		1		1		1	1	
51. Request equipment from Central Supply.		1					1	
		1		2		1	1	
52. Request supplies from Storeroom.		3					1	
		3		2		3	1	
53. Give information to other departments.		1					1	
		1		1		1	2	
54. Communicate with government agencies.		4					1	
	0	--	0	--	0	--	--	

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

TASK	All Respondents UCLA - N = 90 EPI - N = 15 Percent 25 50 75 100	Frequency	Ward Clerk UCLA - N = EPI - N = 6 Percent 25 50 75 100	Frequency	Ward Secretary UCLA - N = EPI - N = 9 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
55. Maintain unit reading materials.		3		3		3	1	
56. Distribute reports, manuals, and directives.		3		3		3	1	
57. Run errands to other departments.		2		2		2	1	
		1		1		1	1	

KEY: ▨ = UCLA; ☐ = EPI; Criticality: C

MM-10

Clerical Functions - Communications

Results:

The comparative data indicates no significant difference between EPI and UCLA samples or between clerical and secretarial groups in the EPI sample.

Tasks not Performed:

Two tasks of this category were not performed by respondents in the local sample:

36. Operate pneumatic tube

54. Communicate with government agencies

This result is not surprising since the pneumatic tube is an outdated method of communication, and it would be expected that most communication with government agencies would be conducted at the central administrative level.

Tasks Added:

No tasks were added in this category.

CLERICAL FUNCTIONS - PATIENT-CENTERED ACTIVITIES

TASK	All Respondents UCLA - N = 40 EPI - N = 15 Percent 25 50 75 100	Frequency	Ward Clerk UCLA - N = EPI - N = 6 Percent 25 50 75 100	Frequency	Ward Secretary UCLA - N = EPI - N = 9 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
58. Greet and welcome new patient.		1		1		1	1	
		1		1		1	1	
59. Notify appropriate unit personnel upon admission of new patient.		1		1		1	1	
		1		1		1	1	
60. Make bed assignment.		1		1		1	1	
		1		1		1	1	
61. Make and apply patient identification tags.		1		1		1	1	
		1		1		1	1	
62. Inform patient of hospital procedures.		1		1		1	1	
		1		1		2	1	
63. Receive and store patient's valuables.		1		1		1	1	
		2		1		2	1	
64. Orient patient to his room and roommates.		1		1		1	1	
		2		3		2	1	
65. Record admission of new patient on appropriate unit records.		1		1		1	1	
		1		1		1	1	
66. Make appointments for patient.		1		3		1	1	
		1		1		1	1	
67. Requisition physician consultations at doctor's request.		2		1		1	1	
		1		2		3	1	
68. Collect and forward transfer patient's medical records to receiving unit.		2		1		1	1	
		1		2		1	1	
69. Record patient transfer on appropriate unit records.		2		1		1	1	
		1		2		1	1	

KEY: ▨ = UCLA; ☐ = EPI; Criticality: C

CLERICAL FUNCTIONS - PATIENT-CENTERED ACTIVITIES (Cont'd.)

TASK	All Respondents UCLA - N = 90 EPI - N = 15 Percent 25 50 75 100	Frequency	Ward Clerk UCLA - N = EPI - N = 6 Percent 25 50 75 100	Frequency	Ward Secretary UCLA - N = EPI - N = 9 Percent 25 50 75 100	Frequency	Role Difficulty	Criticality
70. Alert receiving unit to be sure a bed is ready for a transfer patient.		2		2		2	1	
71. Receive transfer patient coming from another unit.		2		2		2	1	
72. Receive notification of discharge order.		1		1		1	1	
73. Notify appropriate departments of patient discharge.		1		1		1	1	
74. Arrange transportation or escort service for patient.		1		1		1	1	
75. Inform patient of discharge procedure and other pertinent information.		1		1		1	1	
76. Return patient's valuables upon discharge.		2		2		2	1	
77. Make record of unused medications upon discharge of patient.		1		1		1	1	
78. Collect and forward patient's prescription drugs to Pharmacy.		2		2		2	1	
79. Give patient his prescriptions and drugs upon discharge.		2		2		2	1	
80. Note discharge on appropriate unit records.		1		1		1	1	
81. Send patient's charts and forms to Medical Records Department upon discharge.		1		1		1	1	

KEY: ▨ = UCLA; ☐ = EPI; Criticality: C

CLERICAL FUNCTIONS - PATIENT-CENTERED ACTIVITIES (Cont'd.)

TASK	All Respondents UCLA - N = 90 EPI - N = 15 Percent 25 50 75 100	Frequency	Ward Clerk UCLA - N = EPI - N = 6 Percent 25 50 75 100	Frequency	Ward Secretary UCLA - N = EPI - N = 9 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
82. Notify patient's family of discharge.		1		1		1	1	
83. Locate and inform the patient's physician of patient's death.		1		1		1	1	
84. Inform patient's family of patient's death.		1		1		1	1	
85. Notify appropriate departments, such as Admitting and Business of patient's death.		1	O	--		1	2	
86. Obtain autopsy and consent forms.		1		1		1	1	
87. Obtain a death certificate.		2		2	O	--	1	
88. Requisition a shroud pack.		3		2		2	1	
89. Collect and identify patient's belongings upon patient's death.		4		3		3	1	
90. Record patient's death on appropriate records.		4	O	--		4	2	
91. Meet and escort funeral director.		4		4		4	1	
92. Contact attorney, barber, insurance agent, religious personnel, etc. on patient's behalf, as requested.	O	--	O	--	O	--	--	
93. Obtain television set, reading material, cigarettes, and other comforts for patient.		4		4		4	1	
		3		3		3	1	
		1		1		1	1	
		2		2		2	1	

KEY: ▨ = UCLA; ☐ = EPI; Criticality: C

TASK	All Respondents UCLA - N = 90 EPI - N = 15 Percent 25 50 75 100	Frequency	Ward Clerk UCLA - N = EPI - N = 6 Percent 25 50 75 100	Frequency	Ward Secretary UCLA - N = EPI - N = 9 Percent 25 50 75 100	Frequency	Made Difficulty	Criticality
94. Contact billing office on behalf of patient.								
95. Distribute patient menus.								
96. Go on daily rounds.								
97. Control boisterous patient and/or visitor.								
98. Respond to patient complaints.								

KEY: ▨ = UCLA; ☐ = EPI; Criticality: C

Clerical Functions - Patient-Centered Activities

Results:

No significant differences are noted in the comparison of the local data with that of UCLA for patient-centered activities.

Tasks not Performed:

Only Task 91, Meet and escort funeral director, was not performed by anyone in the local sample. No significance is attached to the lack of performance of this task.

Tasks Added:

No tasks were added in this category.

TASK	All Respondents UCLA - N = 90 EPI - N = 15 Percent 25 50 75 100	Frequency	Ward Clerk UCLA - N = EPI - N = 6 Percent 25 50 75 100	Frequency	Ward Secretary UCLA - N = EPI - N = 9 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
99. Specify the type of equipment and supplies needed on the unit.		3					1	
		2		2		2	1	
100. Establish standard quantities of supplies.		3					1	
		3		3		3	2	
101. Make rounds to discover repair and redecorating needs.		1					1	
		3		2		4	2	
102. Insure that maintenance schedules for equipment are met.		3					1	
		2		2		1	1	
103. Evaluate and approve requisitions for supplies and equipment.		1					1	
		3		3		3	2	
104. Purchase supplies and equipment.		3					1	
		2		2		2	1	
105. Check receipt of new supplies and equipment.		3					1	
		2		2		2	1	
106. Assign and list location of supplies and equipment.		3					1	
		3		2		3	1	
107. Place supplies and equipment in assigned positions.		2					1	
		3		2		3	1	
108. Maintain inventory of supplies and equipment.		2					1	
		3		2		3	1	
109. Maintain record of equipment loaned to or borrowed from other areas.		2					1	
		4		2		1	2	
110. Maintain linen supplies.		2					1	
		3		2		3	1	
111. Maintain a doctor's drawer (for medical supplies).		2					1	
		3		3		3	2	

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

TASK	All Respondents UCLA - N = 40 EPI - N = 10 Percent 25 50 75 100	Frequency	Ward Clerk UCLA - N = EPI - N = 6 Percent 25 50 75 100	Frequency	Ward Secretary UCLA - N = EPI - N = 9 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
112. Conduct regular fire and disaster drills.		1		0		4	1	
113. Check availability of fire control equipment.		4				3	1	
114. Fill out accident reports.		2				2	1	
115. Conduct safety inspection.		2				4	3	
116. Schedule cleaning of unit, including patient rooms.		3		3	0	1	1	
117. Inspect cleanliness and sanitation of the unit.		1		1		2	1	
118. Investigate loss and damage claims.		2		1		2	1	
119. Participate in emergency mobilization of unit personnel.		1		1		1	1	
		4		2		4	2	

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

Clerical Functions - Supplies, Equipment, Safety, and Sanitation

Results:

The comparison of the local sample with that obtained in the UCLA survey yields no significant differences. It is interesting to note the percentage of respondents in both samples who purchase supplies and equipment, evaluate and approve requisitions for supplies and equipment, and specify type of equipment and supplies needed.

These duties would seem to be properly performed by administrative personnel. However, it may be the case that these administrative tasks are delegated to the secretary-clerical personnel with specific instructions for their performance being provided. Thus, performance of the task may not imply the administrative attitude which is inherent in the task's function.

Tasks not Performed:

All tasks were performed by the local sample.

Tasks Added:

No tasks were added in this category.

TASK	All Respondents UCLA - N = 20 EPI - N = 12 Percent 25 50 75 100	Frequency	Ward Clerk UCLA - N = EPI - N = 6 Percent 25 50 75 100	Frequency	Ward Secretary UCLA - N = EPI - N = 9 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
ESTABLISHING OBJECTIVES AND POLICIES								
120. Formulate goals of nursing unit.		3					2	
121. Develop policies and establish procedures for activities within the unit.		3		3	0	--	2	
122. Develop methods for coordinating unit activities with other departments in the facility.		1		2		4	2	
123. Translate policies into acceptable performance standards and establish devices to measure performance.		2		3	0	--	2	
124. Develop procedures for safety, fire prevention, disaster and emergency control.		3		3	0	--	2	
PLANNING DEPARTMENTAL ORGANIZATION							1	
125. Determine staffing needs.		3		2	0	--	2	
126. Design organizational or functional charts.		2		2		2	1	
127. Develop job descriptions.		3		3	0	--	2	

KEY: ▨ = UCLA; ☐ = EPI; Criticality: C

TASK	All Respondents UCLA - N = 30 EPI - N = 15 Percent 25 50 75 100	Frequency	Ward Clerk UCLA - N = EPI - N = 6 Percent 25 50 75 100	Frequency	Ward Secretary UCLA - N = EPI - N = 9 Percent 25 50 75 100	Frequency	Role Difficulty	Criticality
128. Interview and evaluate job applicants.		4					3	
129. Hire job applicants.	0	--	0	--	0	--	--	
130. Recommend workers for raises and promotion.	0	4	0	--	0	--	3	
131. Assign and list schedules (including holidays and leaves) for unit personnel.	0	--	0	--	0	--	--	
132. Rotate duty assignments of employees.		3		3	0	--	1	
133. Maintain personnel records.		3		3	0	--	2	
134. Review time-sheets for accuracy.	0	3	0	--	0	--	1	
135. Verify and sign overtime cards.		1		1	0	--	2	
136. Terminate employment of workers.	0	2	0	--	0	--	1	
137. Investigate and correct personnel grievances.	0	--					--	
138. Maintain employee morale.	0	--	0	--	0	--	--	
139. Inform the next shift about problems needing attention.		4		2	0	--	2	
		2		1			2	
		2		2		3	1	
						2	1	

KEY: [▨] = UCLA; [ ] = EPI; Criticality: C

TASK	All Respondents UCLA - N = 90 EPI - N = 15 Percent 25	50	75	100	Frequency	Ward Clerk UCLA - N = EPI - N = 6 Percent 25	50	75	100	Frequency	Ward Secretary UCLA - N = EPI - N = 9 Percent 25	50	75	100	Frequency	Mode difficulty	Criticality
140. Prepare cost figure for manpower needed.	0				--											--	
	0				--	0				--	0				--	--	
141. Determine capital equipment and construction needs.	0				--	0										--	
	0				--	0				--	0				--	--	
142. Determine expendable equipment needs.					3											3	
	0				--	0				--	0				--	--	
143. Determine supply needs.					3											1	
					0	0				--					0	2	
144. Estimate price changes.	0				--											--	
	0				--	0				--	0				--	--	
145. Prepare budget evaluation.	0				--											--	
	0				--	0				--	0				--	--	
146. Submit the budget.					4											1	
	0				--	0				--	0				--	--	

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

WARD MANAGEMENT

ADMINISTRATIVE FUNCTIONS - COORDINATING ACTIVITIES WITHIN THE UNIT, DEPARTMENT, AND TOTAL FACILITY

TASK	All Respondents UCLA - N = 50 EPI - N = 15 Percent 25 50 75 100	Frequency	Ward Clerk UCLA - N = EPI - N = 6 Percent 25 50 75 100	Frequency	Ward Secretary UCLA - N = EPI - N = 9 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
147. Attend meetings with department and unit personnel.		4		4		4	1	
		4		4		4	1	
148. Prepare agenda and reports for meetings.		4		4		4	2	
		2		2	0	--	1	
149. Conduct staff meetings.		4		4		4	3	
	0	--	0	--	0	--	--	
150. Keep records of meetings.		4		4		4	1	
		2		2	0	--	1	
151. Coordinate special projects with other unit activities.		4		4		4	1	
		3		3	0	--	2	
152. Coordinate plans for changes in the unit.		2		2		2	1	
		3		3	0	--	2	
153. Coordinate activities of volunteer workers and staff.		1		1		1	2	
	0	--	0	--	0	--	--	

KEY: ▨ = UCLA, ☐ = EPI; Criticality: C

TASK	All Respondents UCLA - N = 10 EPI - N = 15 Percent 25 50 75 100	Frequency	Ward Clerk UCLA - N = EPI - N = 4 Percent 25 50 75 100	Frequency	Ward Secretary UCLA - N = EPI - N = 9 Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
154. Schedule classes and individual evaluation.	0	--					--	
155. Develop instructional programs.	0	--	0	--	0	--	--	
156. Arrange for training aids, space and equipment.	0	--	0	--	0	--	--	
157. Orient new personnel to the unit.	0	--	0	--	0	--	--	
158. Assign unit personnel for training.			0	--				
159. Give on-the-job instruction.	0	--	0	--	0	--	--	
160. Develop and maintain training records.			0	--				
161. Conduct classes, conferences, and workshops for unit personnel.	0	--	0	--	0	--	--	
162. Coordinate training programs with those of other units and departments.	0	--	0	--	0	--	--	
163. Review and evaluate training program effectiveness.	0	--	0	--	0	--	--	
164. Contribute articles for publication.			0	--				
165. Read professional and industrial publications.					0	--		
166. Keep file and reference library of publications.								

KEY: ▨ = UCLA; ▭ = EPI; Criticality: C

TASK	All Respondents UCLA - N = 30 EPI - N = 15 Percent 25 50 75 100	Frequency	Ward Clerk UCLA - N = EPI - N = Percent 25 50 75 100	Frequency	Ward Secretary UCLA - N = EPI - N = Percent 25 50 75 100	Frequency	Mode Difficulty	Criticality
167. Test new equipment and procedures.	0	--	0	--	0	--	--	
168. Utilize computer systems for research data analysis.	0	--	0				--	
169. Survey market for new supplies and equipment.	0	--	0	--	0	--	--	

KEY: ▨ = UCLA; ☐ = EPI; Criticality:

Administrative Functions

Results:

The results of the local sample produce no significant differences when compared to the UCLA survey. Many of the tasks are not performed or are performed by a small percent of the respondents. This is expected since the respondents are clerical and secretarial. Again it does appear that secretarial-clerical personnel are in some cases performing administrative functions. This may be the result of the delegation previously mentioned or it may be a result of a lack of administrative personnel assigned to the unit level operation, thus requiring some administrative tasks to be performed by non-administrative personnel.

Tasks not Performed:

128. Interview and evaluate job applicants
129. Hire job applicants
130. Recommend workers for raises and promotion
134. Review time-sheets for accuracy
135. Verify and sign overtime cards
136. Terminate employment of workers
140. Prepare cost figure for manpower needed
141. Determine capital equipment and construction needs
142. Determine expendable equipment needs
144. Estimate price changes
145. Prepare budget evaluation
146. Submit the budget
149. Conduct staff meetings
153. Coordinate activities of volunteer workers and staff
154. Schedule classes and individual evaluation
155. Develop instructional programs
156. Arrange for training aids, space and equipment
158. Assign unit personnel for training
161. Conduct classes, conferences, and workshops for unit personnel.
162. Coordinate training programs with those of other units and departments
167. Test new equipment and procedures
168. Utilize computer systems for research data analysis
169. Survey market for new supplies and equipment

These tasks are considered to be beyond the scope of the duties of secretarial-clerical personnel. They are more properly the responsibility of either the administrative personnel at the unit level or the central administrative support staff.

Tasks Added:

No tasks were added in this category.

Comments

At present there is no course of study available to train individuals in the area of unit management. Those persons employed at the secretarial-clerical level are for the most part graduates from a high school commercial course. The significance of this absence of training lies in the noted fact that in some cases it is necessary for secretarial-clerical personnel at the unit level to assume some administrative responsibilities. Further analysis is necessary before any specific recommendations concerning training of these personnel can be made.

Some of the tasks performed by the ward secretarial-clerical group are more properly performed by the nurses assigned to the area. This does not mean that the instrument is invalid. That these tasks should be included in the instrument is witnessed by the fact that the secretarial-clerical respondents indicated performance of these tasks. However, this does indicate the necessity for clearer division of responsibility between job levels at the individual hospitals.

It is desirable that further sampling on a state-wide basis be undertaken in the area of unit management before curriculum or course of study recommendations can be made. Administrative personnel will be included in the sampling in order that the development of a career ladder for ward management personnel can begin. In addition, some organizational analysis of the individual hospitals to be surveyed will be undertaken to determine if and where the unit management concept is used.